

Bid Number: 40003-10406
Date: August 22, 2016

BOSSIER PARISH COMMUNITY COLLEGE
PURCHASING DEPARTMENT
BUILDING J
6220 East Texas Street
Bossier City, LA 71111
(318) 678-6298

INVITATION FOR BID: Sealed bid, subject to the conditions herein stated and attached hereto, will be received at this office until September 15, 2016 @ 2:00 P.M.CST and then publicly opened for furnishing the items and/or services as described below for Bossier Parish Community College.

DESCRIPTION
PROVIDE INTERCOLLEGIATE ATHLETIC INSURANCE
AS PER ATTACHED SPECIFICATIONS

PLEASE FILL IN ALL BLANK SPACES

Terms will be _____ and shipment will be received within _____ days after receipt of order

In compliance with and subject to the conditions thereof, the undersigned offers and agrees if this bid be accepted within 60 days from date of opening to furnish any or all of the items (or sections) at the price set opposite each item (or section).

_____ Vendor Name	_____ Signature of Authority (Re:L.R.S. 39:1594)
_____ Address	_____ Title
_____ City, State, Zip	_____ Tax Identification Number
_____ Telephone Number	_____ Fax Number
	_____ Date

ACCEPTANCE/AWARD

Date of Award and Execution

Recommendation: _____

Approved: _____

Gayle Doucet
Director of Purchasing

INSTRUCTIONS TO BIDDERS

1. Bid Forms

All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, properly signed. Bids submitted in the following manner will not be accepted.

1. Bid containing no signature indicating intent to be bound;
2. Bid filled out in pencil; and
3. Bid not submitted on the state's standard forms.

Bids must be received at the address specified in the Invitation for Bids prior to bid opening time in order to be considered. Any bid received after bid opening time will be retained in bid file unopened. Telegraphic and fax alterations to bids received before bid opening time will be considered provided formal bid and written alteration have been received and time-stamped before bid opening time.

2. Special Envelope

Ensure consideration, all bids should be submitted in the special bid envelope if furnished for that purpose. In the event bid contains bulky subject material, the special bid envelope should be firmly affixed to the mailing envelope.

3. Prices

The bidder must state the prices (written in ink, in figures) for which he proposes to furnish each item and shall show the total extended amount for each based on the quantities shown. In case, however, of conflict between the unit price and the extended amount, the unit price shall govern. Unit prices should be inclusive of any freight charges.

4. F.O.B.

Bid should be FOB Destination/Agency, title passing upon acceptance of merchandise. Failure to comply with this requirement may disqualify your bid.

5. Standard of Quality

Any product or service bid shall conform to all applicable Federal and State laws and regulations and the specifications contained in the IFB. Unless otherwise specified in the IFB, any manufacturer's name, trade name, brand name, or catalog number used in specifications is for the purpose of describing the quality level and characteristic required. Bidder must specify the brand and model number of the product offered in this bid. Bids not specifying brand and model number shall be considered as offering the exact products specified in the IFB.

6. Descriptive Information

Bidders proposing an equivalent brand or model should submit with the bid information (such as illustrations, descriptive literature, technical data) sufficient for BPCC Purchasing to evaluate quality, suitability, and compliance with the specifications in the IFB. Failure to submit descriptive information may cause bid to be rejected. Any change made to a manufacturer's published specifications submitted for a product shall be verifiable by the manufacturer. If item(s) bid do not fully comply with specifications (including brand and/or product number), bidder must state in what respect the item(s) deviate. Failure to note exceptions on the bid form will not relieve the successful bidder(s) from supplying the actual products requested.

Manufacturer's Numbers and Trade Names

Where manufacturer's product is named or specified, it is understood that "or equal" shall apply, whether stated or not. Such name and number is meant to establish the standard, type, quality, style, etc. BPCC shall be the sole judge as to whether or not the equipment/supply offered is equal to that specified.

7. Bid Opening

Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined 72 hours after

request is made. Information pertaining to completed files may be secured by appointment only to the Purchasing Dept. at BPCC. Written bid tabulations will not be furnished. Copies will not be furnished.

8. Award

Award will be made to the lowest responsible bidder, taking into consideration the quality of the products to be supplied, their conformity with specifications, the purposes for which they are required, and the time for delivery. Bossier Parish Community College reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and to waive any informalities.

9. Purchase Order

If any bid or bids are accepted, an initial purchase order or orders for the entire number of units or part thereof, will be issued not later than thirty (30) days after receipt of bids by the Owner to the lowest bidder offering products which, in the opinion of the College, meet the requirements of these specifications. BPCC reserves the right to cancel any order resulting from this solicitation with 30 days written notice.

10. Conditions of Purchase Orders

We will not in any manner be responsible for goods delivered or work done for our account without a written order. No allowance for boxing or crating. If you cannot fill order as directed, return for advice. Quantities in excess of the order may be returned or held subject to shipper's order, expense and risk. By accepting the order you hereby warrant that the merchandise to be furnished hereunder will be in full conformity with the specifications, drawing or sample and agree that this warrant shall survive acceptance of the merchandise and that you will bear the cost of inspecting merchandise rejected.

11. Inspection and Acceptance

Upon delivery of each item to the Agency, inspection of the item will be made by Bossier Parish Community College, or their representative, at the point of delivery, or in special cases, at point of origin. Acceptance of the item will be made after inspection determines that all requirements of the specifications and the proposal have been met.

12. Reject

All rejected goods will be at seller's risk and expense, subject to seller's prompt advice as to disposition. Unless otherwise arranged all rejected goods will be returned and charged back including all transportation and handling costs. All packages must reflect the BPCC purchase order number or it will be refused and returned at vendor's expense.

13. Payment Terms

Cash discounts for less than 30 days or less than 1% or greater than 5% will be accepted, but will not be considered in determining awards. On indefinite quantity terms contracts, cash discounts will be accepted and taken but will not be considered in determining awards. Bids containing "payment in advance" or "COD" requirements may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later. Invoices shall be submitted to: Bossier Parish Community College, Accounts Payable, 6220 East Texas Street, Bossier City, LA 71111, attn: Brenda Jones. We must pay from ORIGINAL, ITEMIZED invoices as required by the State Legislative Auditor.

14. U.S. Taxpayer Identification Number

Enter your taxpayer identification number in the appropriate space on the Specifications and Bid Form Page. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. PAYMENT CANNOT BE PROCESSED WITHOUT YOUR TAX I.D. NUMBER.

15. Taxes

The State is exempt from sales/use tax. Vendor is responsible for including all applicable taxes in the bid price.

16. New Products

Unless specifically called for in the IFB, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the IFB. The manufacturer's standard warranty will apply unless otherwise specified in the IFB.

17. Contract Renewals

Upon Agreement of Bossier Parish Community College Purchasing and the contractor, an open-ended requirements contract may be extended for 2 additional 12-month periods at the same prices, terms and conditions. In such cases, the total contract term cannot exceed 36 months.

18. Contract Cancellation

Bossier Parish Community College has the right to cancel any contract, in accordance with purchasing rules and regulations, for cause, including but not limited to , the following: (1) failure to deliver with the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality or to be delivered in good conditions; (3) misrepresentation by the contractor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with Bossier Parish Community College; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract.

19. Default of Contractor

Failure to deliver within the time specified in the bid will constitute a default and may cause cancellation of the contract. Where the Bossier Parish Community College Purchasing has determined the contractor to be in default, BPCC Purchasing reserves the right to purchase any or all products or services covered by the contract on the open market and to charge the contractor with cost in excess of the contract price. Until such assessed charges have been paid, no subsequent bid from the defaulting contractor will be considered.

20. Davis Bacon Act

The Davis-Bacon Act, United States Code, Title 40, Chapter 3, Section 276(a) requires all laborers and mechanics employed by contractors and subcontractors who work on construction projects financed by federal assistance to be paid wages not less than those established by the Secretary of Labor for the locality of the project when required by federal grant program legislation.

21. Order of Priority

In the event there is a conflict between the Instructions to Bidders or General Conditions and the Special Conditions, the Special Conditions shall govern.

22. Applicable Law

All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.

23. EEOC COMPLIANCE

By submitting and signing this bid, bidder certifies that he agrees to adhere to the mandates indicated by Title VI and VII of the Civil Rights Act of 1964, as amended; The Vietnam Era Veteran's Readjustment Assistance Act of 1974; Section 503 of the Rehabilitation Act of 1973; Section 202 of Executive Order 11246, as amended; and The Americans with Disabilities Act of 1990, Title IX of the Education amendments of 1972, The Age Acts of 1975, and bidder agrees to abide by the requirements of the American of Disabilities Act of 1990. Bidder agrees not to discriminate in its employment practices, and will render services under any contract entered into as a result of this solicitation without regard to race, color, religion, national origin, veteran status, political affiliation, or disabilities, any act of discrimination committed by bidder, or failure to comply with these statutory obligations when applicable, shall be grounds for termination of any contract entered into as a result of this solicitation.

24. Special Accommodation

Any "Qualified Individual with a Disability" as defined by the American with Disabilities Act who has submitted a bid and desires to attend the bid opening, must notify this office in writing not later than 7 days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonable provided, the individual will be informed prior to the bid opening.

25. Indemnity

Contractor agrees, upon receipt of written notice of a claim or action, to defend the claim or action, or take other appropriate measure, to indemnify, and hold harmless, the state, its officers, its agents and its employees from and against all claims and actions for bodily injury, death or property damages caused by the fault of the contractor, its officers, its agents, or its employees. Contractor is obligated to indemnify only to the extent of the fault of the contractor, its officers, its agents, or its employees, however, the contractor shall have no obligation as set forth above with respect to any claim or action from bodily injury, death or property damages arising out of the fault of the state, its officers, its agents or its employees. Contractor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demand, or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent. The State of Louisiana may, but is not required to, consult with the Contractor in the defense of claims, but this shall not affect the Contractor's responsibility for the handling of and expenses for all claims.

26. In accordance with the provisions of R.S. 39:2182, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid form, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950, Professional, Personal, Consulting, and Social Services Procurement under the Provisions of Chapter 16 of Title 39, or the Louisiana Procurement Code under the provisions of Chapter 17 of Title 39.

27. Federal Clauses, If Applicable

28. ANTI-KICKBACK CLAUSE

The Contractor hereby agrees to adhere to the mandate dictated by the Copeland "Anti-Kickback" Act which provides that each Contractor or subgrantee shall be prohibited from inducing, by any means, any person employed in the completion of work, to give up any part of the compensation to which he is otherwise entitled.

29. CLEAN AIR ACT

The Contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act which prohibits the use under non-exempt Federal contracts, grants, or loans of facilities included on the EPA list of Violating Facilities.

30. ENERGY POLICY AND CONSERVATION ACT

The Contractor hereby recognizes the mandatory standards and policies relating to energy efficiency which are contained in the State energy conservation plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).

31. CLEAN WATER ACT

The Contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders, or requirements issued under Section 508 of the Clean Water Act which prohibits the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities.

32. ANTI-LOBBYING AND DEBARMENT ACT

The Contractor will be expected to comply with Federal statutes required in the Anti-Lobbying Act and the Debarment Act.

33. Civil Rights

Both parties shall abide by the requirements of Title VII of the Civil Rights Act of 1964, and shall not discriminate against employees or applicants due to color, race religion, sex, handicap or national origin. Furthermore, both parties shall take affirmative action pursuant to Executive Order #11246 and the National Vocational Rehabilitation Act of 1973 to provide for positive posture in employing and upgrading persons without regard to race, color, religion, sex, handicap or national origin, and shall take affirmative action as provided in the Vietnam Era Veteran's Readjustment Act of 1974, both parties shall also abide by the requirements of Title VI of the Civil Rights Act of 1964 and the Vocational Rehabilitation Act of 1973 to ensure that all services are delivered without discrimination due to race, color, national origin, or handicap.

34. Certification of No Suspension of Debarment

By signing and submitting any proposal for \$25,000 or more, the bidder certifies that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirement in "Audit Requirements in Subpart F of the Office of Management and Budget's Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards" (Formerly OMB Circular A-133).

A list of parties who have been suspended or debarred can be viewed via the internet at <https://www.sam.gov>

35. Mandatory Disclosure

Under the Uniform Guidance (200.113, shown below) Bossier Parish Community College is obligated to disclose to the Federal awarding agency (or a pass-through if we are a sub-recipient), any violations of Federal criminal law involving fraud, bribery or gratuity violations potentially affecting the Federal Award.

200.113 Mandatory Disclosures

The non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the Federal awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in §200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180 and 32 U.S.C. 3321).

36. In accordance with Louisiana Law, All Corporations (See LA R.S. 12:262.1) and limited liability companies (See LA R.S. 12:1308.2) must be registered and in good standing with the Louisiana Secretary of State in order to hold a purchase order and/or contract over \$25,000.

37. All bid amounts shall be submitted in United State Dollars.

38. Termination for Cause

The State may terminate this Contract for cause based upon the failure of the Contractor to comply with the terms and/or conditions of the Contract; provided that the State shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have either corrected such failure or, in the case of failure which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then the State may, at its option, place the Contractor in default and the Contract shall terminate on the date specified in such notice. The Contractor may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of the State to comply with the terms and conditions of this contract; provided that the Contractor shall give the State written notice specifying the State's failure and a reasonable opportunity for the state to cure the defect.

39. Termination for Convenience

The State may terminate the Contract at any time by giving thirty(30) days written notice to the Contractor. The Contractor shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

40. Discrimination Clause

The contractor agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, age, gender identification, national origin, veteran status, political affiliation, or disabilities.

Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

41. Scope of Contract

Furthermore submittal of any terms and conditions contrary to those of the State of Louisiana may cause your bid to be rejected. By signing this form, terms and conditions which may be included in your bid are nullified, and the contractor agrees that this contract shall be construed in accordance with and governed by the laws of the State of Louisiana.

(Members of firm or person authorized to sign bids for corporation)

BIDDERS MUST SIGN IN INK

IMPORTANT

Signature Authority: In Accordance with L.R.S. 39:1594(C)(4) requires evidence of authority to sign and submit bids to Bossier Parish Community College. You must indicate which of the following apply to the signer of this bid.

1. **The signer of this bid is either a current corporate officer who is listed on the most current annual report on file with the Secretary of State or a member of a partnership or partnership in commendam as reflected in the most current partnership records on file with the Secretary of State. A copy of the annual report or partnership record must be submitted to this office before contract award.**
2. **The signer of the bid is a representative of the bidder authorized to submit this bid as evidenced by documents such as, corporate resolution, certification as to corporate principal., etc. If this applies a copy of the resolution, certification, or other supportive documents must be attached hereto.**
3. **The bidder has filed with the Secretary of State an affidavit or resolution or other acknowledged/authentic document indicating that the signer is authorized to submit bids for public contracts. A copy of the applicable document must be submitted to this office before contract award.**
4. **The signer of the bid has been designated by the bidder as authorized to submit bids on the bidder's vendor registration on file with this office.**

WE ARE AN EQUAL OPPORTUNITY COLLEGE

This procurement has been designated as suitable for Louisiana certified small entrepreneurship participation.

The State of Louisiana Veteran and Hudson Initiatives small entrepreneurship programs are designed to provide additional opportunities for Louisiana-based small entrepreneurship (sometimes referred to as LaVet's and SE's respectively) to participate in contracting and procurement with the state. A certified Veteran-Owned and Service-Connected Disabled Veteran-Owned small entrepreneurship (LaVet) and a Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) are businesses that have been certified by the Louisiana Department of Economic Development. All eligible vendors are encouraged to become certified. Qualification requirements and online certification are available at https://smallbiz.louisianaforward.com/index_2.asp.

Bidders that are not eligible for certification are encouraged to use Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship where sub-contracting opportunities exist. To be responsive to this solicitation, the bidder shall be either a Veteran-Owned or Service-Connected Disabled Veteran-Owned or Hudson Initiative small entrepreneurship or have put forth a good-faith effort to use certified Veteran-Owned or Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship as sub-contractors(s). By signing and submitting this bid, the bidder certifies compliance with this requirement.

For a good faith effort, written notification is the preferred method to inform Louisiana certified Veteran Initiative and Hudson Initiative small entrepreneurship of potential subcontracting opportunities. A current list of certified Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship may be obtained from the Louisiana Economic Development Certification System at https://smallbiz.louisianaforward.com/index_2.asp. Additionally, a current list of Hudson Initiative small entrepreneurship, which have been certified by the Louisiana Department of Economic Development and have opted to enroll in the State of Louisiana Procurement and Contract (LaPAC) Network, may be accessed from <http://wwwprd.doa.louisiana.gov/osp/lapac/Vendor/srchven.asp>. You may then determine the search criteria (i.e. alphabetized list of all certified vendors, by commodities, etc.), and select "SMALLE".

Copies of notification to at least three (or more) certified Veteran Initiative and Hudson Initiative small entrepreneurship will satisfy the notification requirements. Notification must be provided to the certified entrepreneurship by the bidder in writing no less than five working days prior to the date of bid opening. Notification must include the scope of work, location to review plans and specifications (if applicable), information about required qualifications and specifications, any bonding and insurance information and/or requirements (if applicable), and the name of a person to contact. If a certified Veteran-Owned or Service-Connected Disabled Veteran-Owned or Hudson Initiative small entrepreneurship was not selected, the bidder must certify and maintain written justification of the selection process. The state reserves the right to request confirmation of this information at any time.

In the event questions arise after an award is made relative to the bidder's good faith efforts, the bidder will be required to provide supporting documentation to demonstrate its good faith subcontracting plan was actually followed. If it is at any time determined that the contractor did not in fact perform its good faith subcontracting plan, the contract award or the existing contract may be terminated.

Contractors will be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor or distributor participation and the dollar amount of each. *(Agencies should indicate their specific requirement, i.e. where to send information and when - with bid, after clear lien, etc.)*

The statutes (R.S 39:2171 *et. seq.*) concerning the Veteran Initiative may be viewed at <http://www.legis.state.la.us/lss/lss.asp?doc=671504>; and the statutes (R.S 39:2001 *et. seq.*) concerning the Hudson Initiative may be viewed at <http://www.legis.state.la.us/lss/lss.asp?doc=96265>. The rules for the Veteran Initiative (LAC 19:VII.Chapters 11 and 15) and for the Hudson Initiative (LAC 19:VIII.Chapters 11 and 13) may be viewed at <http://www.doa.louisiana.gov/osp/se/se.htm>.

The State requires competitive pricing, qualifications, and demonstrated competencies in the selection of contractors.

If you are a Certified Small Entrepreneur (Hudson Initiative), Veteran Owned Small Entrepreneurs, or Service-Connected Disabled Veteran-Owned (Veteran Initiative) vendor, please state your Certification Number below.

Certification No./date of certification.: _____

SECTION I – INSTRUCTIONS TO BIDDERS

PURPOSE

This Invitation to Bid (ITB) sets forth the requirements and specifications of Bossier Parish Community College (BPCC). The contents of this ITB and the Bidder/Vendor/Contractor's bid response shall become contractual obligations if a contract ensues. Any resulting contract shall be governed under the laws of the State of Louisiana.

GOVERNING BID REGULATIONS

All bids shall be subject to the Louisiana "Purchasing Rules and Regulations", and Louisiana Revised Statutes 39:1551-1738. These documents may be reviewed in the BPCC Purchasing Department during regular business hours. All bids become a matter of public record and any statements of confidentiality may render the bid response non-responsive for further consideration. Bids may be examined 72 hours after request is made. Written bid tabulations will not be furnished.

BID RESPONSE FORM

All bids shall be submitted on the bid response forms provided in the ITB. The bid response form must be properly signed in ink by an officer of the proposing entity authorized to sign the bid. Bid prices shall be typewritten or in ink and shall be indicated in figure form. Any alterations of the bid response form or foreign conditions attached thereto may cause rejection of bid.

CORRECTION OF MISTAKES

Erasures, write-overs, corrections or other changes in the bid should be explained or noted over the signature of the Bidder. Failure to do so may result in rejection of the bid without further consideration.

NUMBER OF COPIES

The entire ITB shall be returned. The College shall not be responsible for any costs incurred by any Bidder in the preparation of any bid.

REJECTION OF BIDS

The College reserves the right to reject any and all bids, and to waive informalities. The right is reserved to award contracts separately, grouped, or an all-or-none basis. Incomplete, illegible, partial, or informal bids may be rejected.

SEALED BID

The entire bid should be sealed. The name and address of the Bidder should appear on the outside of the envelope.

BIDS BINDING

All formal bids shall be binding for a minimum of (60) sixty calendar days and shall not be withdrawn after the specified bid opening time.

BID OPENING

Bids shall be opened and read aloud on the specified time and date. All bids shall become a matter of public record at that time. Each Bidder is solely responsible for the timely delivery of their bid by the ITB opening deadline.

Bids received after the specified time and date will not be considered, whether delayed in the mail or for any other causes whatsoever.

Bids may be withdrawn by the Bidder upon written or telegraphic request prior to the designated time for opening of bids. Withdrawal notification must be by original signature and received by the BPCC Purchasing Department prior to the designated time for opening of bids.

DELIVERY OF BIDS

All bids shall be either hand delivered by the Bidder or his agent or such bid should be sent via mail.

The address for mailing bids: Bossier Parish Community College
6220 East Texas Street
Bossier City, LA 71111
Attn: Purchasing Department

For hand delivered bids: Bossier Parish Community College
6220 East Texas Street
Bldg. J
Purchasing Department
Bossier City, LA 71111

BIDDER INQUIRIES

No negotiations, decisions or actions shall be executed by any Bidder as a result of any oral discussion with any state employee. Only those transactions which are in writing, signed by the Director of Purchasing, shall be considered as valid. Telephone inquiries are discouraged.

Inquiries concerning the administrative/specification requirements of the ITB should be faxed in writing to the Director of Purchasing.

Inquiries should be in writing, signed in original ink, and received no later than seven (7) calendar days prior to the designated ITB opening time. Answers to inquiries that change or substantially clarify the ITB shall be issued in the form of addenda to all known to have received a complete set of documents.

Any Bidder who feels the administrative or specification requirements of this ITB are in error or will not accomplish the desired end result shall make the appropriate written inquiry no later than seventy-two (72) hours prior to the designated ITB opening time.

TAXES

The Bidder shall include in his bid price all federal, state and local taxes of all kinds applicable to the policies to be underwritten. The State is exempt from sales/use tax.

QUALIFICATION OF BIDDER

The Bidder shall meet the following minimum qualification levels to be considered as a responsible Bidder by the College for providing the athletic accident insurance policy.

1. The Bidder shall have an A.M. Best Policyholder Rating in the insurance industry of at least level "A-".
2. The Bidder shall have a Financial Size Category in the insurance industry of Class VI or greater.

The College reserves the right to make inquiries and investigations as it deems necessary to determine the responsibility of any Bidder to perform the contract. The Bidder shall furnish all information and data for this purpose as the College may request. The unreasonable failure of any Bidder to promptly supply information in connection with an inquiry may be grounds for a finding of non-responsibility.

BID RESPONSE FORMAT

The bid response is to be in three (3) parts:

1. Part I to consist of the Bid Response Form
2. Part II to use a numbering scheme parallel to that in Section III of the ITB to explain the Bidder's ability to meet the policy specification requirements set forth.
3. Part III to use a numbering scheme parallel to that in Section IV of the ITB to answer all questions in regards to the Bidder's organizational profile in handling the policy.

PART I – BID RESPONSE FORM

All bids shall be submitted on the bid response form provided in the ITB. The bid response form must be properly signed in ink by an officer of the proposing entity authorized to sign the bid.

PART II – SPECIFICATION CONFORMANCE

Part II to consist of a numbering scheme parallel to that used in Section III of the ITB in order that the Bidder may explain how their bid will meet each individual policy specification requirement. No forms are provided for this purpose, but each page should be initialed by the Bidder. A simple answer of "Proposing as Specified" shall be acceptable as a response for each individual policy requirement met. If exception is taken to any requirement, a detailed explanation shall be required to clarify the exception taken. Failure to follow this format may cause rejection of the bid.

PART III – ORGANIZATIONAL PROFILE

Part III to consist of a numbering scheme parallel to that used in Section IV of the ITB in order that the Bidder may explain their handling the athletic accident policy. No forms are provided for this purpose, but each page should be identified with the Bidder's name. Responses should be complete and should be accompanied by any documentation necessary to support the response. Failure to follow this format may cause rejection of the bid.

STANDARD TERMS AND CONDITIONS

ACCESS TO RECORDS

The Vendor agrees that the College and the Legislative Auditor of the State of Louisiana shall have access to, and the right to audit and examine, any pertinent books, documents, papers and records of the Vendor related to this solicitation and any resulting agreement.

ASSIGNMENT

The contract or any portion thereof or any interest therein shall not be assigned, transferred, conveyed, sublet or disposed of without the previous consent, in writing of the Director of Purchasing. Any attempted assignment under the agreement shall be void and of no effect.

AVAILABILITY OF FUNDS

Contract award and any contract extensions shall be contingent upon the continued funding of the College operations by the Louisiana State Legislature. The College reserves the right to cancel the IAI Insurance policy upon thirty (30) calendar days written notice by registered or certified mail during the term of the contract period. However, in the event of cancellation, all policies currently in effect will continue in force through the end of the policy period.

CANCELLATION CONDITIONS

In any of the following cases, the College shall have the right to cancel the agreement due to: (1) Breach of contract; (2) Wherever the Vendor is guilty of misrepresentation; (3) Wherever the agreement was obtained by fraud, collusion, conspiracy or other unlawful means, or the agreement conflicts with any statutory and constitutional provision of the State of Louisiana or the United States; (4) In case of default by the Vendor, the College reserves the right to purchase any or all items or services in default in open market, charging the Vendor with any excessive costs.

CONTRACT EXTENSION PERIOD

Based upon mutual agreement between the successful Bidder and Bossier Parish Community College, this contract may be extended for two (4) additional twelve (12) month periods at the same prices, terms and conditions. In such cases, the total contract term cannot exceed 60 months.

COPYRIGHTS AND PATENTS

The Vendor shall indemnify and hold harmless the State, the College, its officers, agents and employees harmless from liability of any nature or kind for the use or any copyrighted or uncopyrighted composition, secret process, patented or unpatented, invention, article or appliance furnished or used in the performance of the agreement of which Vendor is not the patentee, assignee, or licensee.

EQUAL EMPLOYMENT OPPORTUNITY

The Vendor shall be an equal employment opportunity employer. The Vendor shall neither discriminate nor permit discrimination in its operations or employment practices against any person or group of persons on the grounds of race, color, religion, national origin, sex, disability or in any manner prohibited by law.

LAWS

The Contractor shall comply with all applicable laws, ordinances, and regulations of the local, state and federal government in the performance of the contract.

PERMITS AND LICENSES

The Vendor shall, at its sole expense, procure and keep in effect all necessary permits and licenses required for performance under the contract.

PUBLICITY

The Vendor shall not in any way or in any form publicize or advertise in any manner the fact that the Vendor is providing services to the College without the express written approval of the Director of Purchasing, obtained in advance, for each item of advertising or publicity. However, nothing herein shall preclude the Vendor from listing the College on its routine client list for matters of reference.

SECTION II – EVALUATION, SELECTION AND AWARD

2.1 INTRODUCTION

The selection of the successful bid shall be awarded to the lowest responsible and responsive Bidder whose bid meets the requirements and criteria set forth in the ITB.

2.2 EVALUATION AND SELECTION

All responses received as a result of the ITB are subject to evaluation by duly authorized persons for the purpose of selecting the Bidder offering the most economical, responsible and responsive IAI Policy to BPCC athletes/students.

2.3 BASIS OF EVALUATION AND SELECTION

The basis of evaluation and selection to be as follows:

1. The bid is to be evaluated to insure that all administrative requirements in SECTION I – INSTRUCTIONS TO BIDDERS have been met. Failure to meet all requirements may result in rejection of the bid without further consideration.
2. The bid is to be evaluated to insure that all mandatory policy requirements in SECTION III-REQUIREMENTS have been met. Failure to respond to all policy requirements, unless otherwise stated and explained by the Bidder, may result in rejection of the bid without further consideration.
3. While BPCC is interested in the lowest overall cost per athlete, the true value of the policy is to insure adequate handling of BPCC IAI claims. For this reason, the Bidder is to furnish the information outlined in SECTION IV – ORGANIZATIONAL PROFILE. Failure to furnish the information outlined may result in rejection of the bid without further consideration.
4. The final consideration is to the total premium rate per athlete individually and/or grouped by sport. The Bidder shall respond with premium rates for all levels of coverage requested for consideration.

2.4 DETERMINATION OF SUCCESSFUL BID

The lowest responsive and responsible bid to be determined according to the annual premium/s on the Bid Response Form. Final award is subject to final negotiation and acceptance of policy terms with the Vendor.

SECTION III – REQUIREMENTS

3.1 Period coverage: One year (from October 1, 2016 through September 30, 2017)

3.2 Sports to be covered by policy:

<u>SPORT</u>	<u>APPROX. NUBMER OF ATHLETES</u>
Men's Basketball	20
Women's Softball	25
Men's Baseball	50
Dance Line	9
Cheerleaders/Mascot	7 men 13 women
Women's Basketball	20
Cross Country	10 men & 10 women

3.3 Coverage is for students participating in Athletic at Bossier Parish Community College. Only those conditions or injuries that are directly related to participation in the Athletic programs. (Covering practice sessions, games, skill sessions and conditioning sessions).

3.4 MEDICAL BENEFITS TO BE COVERED:

1. Death and dismemberment insurance for travel connected with intercollegiate athletic competition and practice.
2. Glasses, contact lenses or protective eyewear (e.g., goggles) for student athletes who require visual correction in order to participate in intercollegiate athletics. No coverage for eyewear for reading purposes.
3. Medical examinations at any time for enrolled student athletes.
4. Expenses for medical treatment (including transportation and other related costs) incurred by a student athlete as a result of an athletically related injury.
5. Surgical expenses for a student athlete who is injured while participating in physical activities that will prepare the student athlete for competition.
6. Medication if the medication is directly related to injury or illness that is the result of intercollegiate competition or practice.
7. Physical therapy if the physical therapy is directly related to the injury or illness that is the result of intercollegiate competition or practice.
8. Dental work if the dental work is directly related to injury to the teeth that occurred during practice or competition.
9. Defined Covered Persons: A student-athlete is a student whose enrollment was solicited by a member of the athletic staff or other representative of athletics' interest with a view toward the student's ultimate participation in the intercollegiate athletics program. Any other student becomes a student-athlete only when the student reports for an intercollegiate squad that is under the jurisdiction of the athletics department. They must be full-time students.

ALL STUDENT ATHLETES WILL BE INSURED WHILE:

1. Participating in regularly scheduled intercollegiate sporting events including practice, tryout, and conditioning.
2. Medical expenses while traveling to and from regular scheduled practices and/or competition.

DEFINITIONS/COVERED CONDITIONS:

1. Injury includes cardiovascular accident, heat illness or similar traumatic event caused by exertion while participating in a covered activity.
2. Injury includes the following list of conditions, which are attributable to exertion or overuse from participation in a covered activity: tendonitis, bursitis, strains, hernia, shin splints, stress fractures and similar conditions.
3. Injury includes a re-injury or aggravation of an injury sustained prior to the effective date of this policy provided the covered person was provided medical clearance to participate in the appropriate athletic activity of the Policyholder by the physician responsible to the Policyholder for such determination and such re-injury or aggravation occurs in a covered event.
4. Medical expenses include:
 - A. Physician's and/or surgeon's fees
 - B. Cost of confinement in a hospital or medically necessary extended care facility.
 - C. Use of a hospital emergency room.
 - D. Cost of home health care.
 - E. Anesthetic (including administration thereof).
 - F. X-ray examination or treatments.
 - G. Laboratory tests
 - H. Diagnostic tests
 - I. Cost of other therapeutic services, including orthopedic appliances.

SECTION IV – ORGANIZATIONAL PROFILE

The Bidder should respond to each question using a numbering scheme parallel to that used in this Section. Failure to respond to any subsection may result in rejection of the bid without further consideration.

4.1 NAME OF INSURANCE COMPANY

The Bidder is to indicate the name of the insurance company, parent company or other affiliates (designate which).

4.2 INSURANCE COMPANY’S ADDRESS

The Bidder is to indicate the street and mailing address of the insurance company.

4.3 INSURANCE COMPANY’S TELEPHONE NUMBER

The Bidder is to indicate the area code and telephone number of the insurance company. Indicate any toll free numbers that may be applicable.

4.4 LOUISIANA LICENSE

The Bidder is to be licensed by the State of Louisiana Insurance Commission and the Bidder should furnish proof of their license with the bid response.

4.5 BEST’S POLICYHOLDER RATING

The Bidder shall be required to have an A.M. Best’s Policyholder Rating of at least level “A-“. The Bidder is to indicate the insurance company’s Best Policyholder Rating for the most recent year of issuance of this rating. The Bidder should attach support documentation of this rating.

4.6 FINANCIAL SIZE CATEGORY

The Bidder shall be required to have an A.M. Best’s Financial Size Category Rating of Class VI or greater. This is to be represented by roman numerals, e.g., Class XI. The bidder should attach support documentation of this rating.

4.7 UNDERWRITING EXPERIENCE

The Bidder is to indicate the total number of years experience the Bidder has had in underwriting student health insurance. The Bidder is to indicate the year the Bidder undertook underwriting student health insurance. The Bidder is to also give a separate figure regarding the number of years experience the Louisiana servicing agent has had in dealing with student health insurance.

4.8 LIST OF U.S.A. USERS

The Bidder is to list each college/university it is currently servicing. The Bidder should denote those schools insured for three (3) years or more.

4.9 U.S.A. CONTACT PERSONNEL

The Bidder is to provide the names, titles and phone numbers of at least five (5) student health program administrators from the list of U.S.A. users that may be contacted regarding your company's performance.

4.10 PROJECTED LOSS RATIO

The Bidder is to indicate the projected loss ratio (estimated amount of claims that will be paid) upon which the premium rates for the proposed IAI insurance plan are based. The Bidder is to indicate the charges his/her company's retention formula includes.

4.11 PREMIUM RATES

The Bidder is to indicate who is responsible for designing or computing the rates for the proposed insurance plan. His/her name, address and phone number to be given.

4.12 CLAIMS SERVICING

The Bidder is to indicate who shall be responsible for claim servicing. This is to include the location claims shall be paid for the BPCC account.

4.13 CLAIMS OFFICE

If the insurance company is responsible for paying claims, then answer the following:

1. List the location of the office claims shall be paid.
2. List the name, title, telephone number and years of experience in administering student claims of each individual responsible for claim service with the BPCC account.
3. Can BPCC make toll-free calls to the insurance company in regards to any claim, question, or problem? Indicate applicable numbers.
4. Will the claim office provide copies of claim payments to BPCC?
5. Will the claim office provide information to BPCC on all claims rejected and the reason for the rejection?
6. What is the average time for a claim to be processed after the date it is received by the insurance company, assuming no complications?

4.14 POLICY TIME LIMITS

The Bidder is to indicate the insurance company's procedures in processing claims when notice of a claim is submitted beyond the policy time limit.

4.15 LATE PROOF OF LOSS

The Bidder is to indicate the insurance company's procedure in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss.

4.16 REPORTS

The Bidder is to indicate what information BPCC may be furnished regarding claims paid. This list may include, but is not limited to, (1) claim (2) insured's name (3) date claim filed (4) amount of claim (5) date claim paid (6) vendors paid and (7) totals and accumulations for the policy year.

4.17 CLAIM FORMS

The Bidder is to provide sample copies of all claim forms necessary for payment of claims, for both illness and accident.

BID RESPONSE FORM

Bidder's Name: _____

Telephone No.: (____) _____ Fax Number (____) _____

Address: _____
Mailing City State Zip

Scope: Furnish Intercollegiate Athletic Insurance Coverage for Bossier Parish Community College Athletic Department.

Period: Commence October 1, 2016 and terminate September 30, 2017 with the option to renew for four (4) additional 12 month periods

I/we do hereby declare that I/we have carefully examined the Invitation to Bid and that I/we have a clear understanding of the said documents. I/we hereby propose to furnish the necessary Intercollegiate Athletics Insurance for the sum indicated on the bid response form.

I/we do hereby acknowledge receipt of the following addenda (if any):

No. _____ Dated _____ No. _____ Dated _____

Bid Price: I/we do hereby bid the following Intercollegiate Athletics Insurance coverage for the following annual premium rate per option per athlete throughout the 12-month policy term:

Deductible of Zero for All Sports as attached.

Annual Premium: _____

Catastrophic Insurance

Annual Premium: _____

AUTHORIZED OFFICER: _____
(Signature)

(Print or Type Name)

TITLE: _____

DATE: _____

ALLISON	10/05/12	10/15/12	20121119	DOCTOR VISIT OUTPATIENT	\$78.00	53	53	25	Processed
ALLISON	10/05/12	10/12/12	20121119	DOCTOR VISIT OUTPATIENT	\$130.00	105	105	25	Processed
ALLISON	10/05/12	10/22/12	20121226	DOCTOR VISIT OUTPATIENT	\$78.00	53	53	25	Processed
ALLISON	10/05/12	10/12/12	20121119	XRAY	\$73.00	73	73	0	Rejected
SEPULVADO	10/25/12	10/25/12	20130125	DOCTOR VISIT OUTPATIENT	\$193.00	0	193	0	Rejected
SEPULVADO	10/25/12	10/29/12	20130125	DOCTOR VISIT OUTPATIENT	\$78.00	0	78	0	Rejected
SEPULVADO	10/25/12	10/25/12	20130125	XRAY	\$36.00	0	36	0	Rejected
PRUITT	11/10/12	12/14/12	20130404	OUTPATIENT SURG	\$7,138.58	6310.51	6310.51	828.07	Processed
PRUITT	11/10/12	11/12/12	20121226	XRAY	\$73.00	73	73	0	Rejected
PRUITT	11/10/12	12/14/12	20130122	ASSIST SURGEON	\$1,513.00	1498.42	1498.42	14.58	Processed
PRUITT	11/10/12	12/14/12	20130213	ANESTHESIA	\$600.00	567.24	567.24	32.76	Processed
PRUITT	11/10/12	11/28/12	20130610	DOCTOR VISIT OUTPATIENT	\$78.00	69.14	69.14	8.86	Processed
PRUITT	11/10/12	11/26/12	20130610	DOCTOR VISIT OUTPATIENT	\$78.00	69.14	69.14	8.86	Processed
PRUITT	11/10/12	11/12/12	20121226	DOCTOR VISIT OUTPATIENT	\$193.00	170.62	170.62	22.38	Processed
PRUITT	11/10/12	12/14/12	20130122	SURGERY	\$1,513.00	1408.85	1408.85	104.15	Processed
PRUITT	11/10/12	12/14/12	20130213	ANESTHESIA	\$640.00	607.24	607.24	32.76	Processed
WOMACK	10/24/12	10/24/12	20130319	XRAY	\$1,400.00	773.74	773.74	626.26	Processed
WOMACK	10/24/12	10/15/12	20130319	DOCTOR VISIT OUTPATIENT	\$193.00	143	143	50	Processed
WOMACK	10/24/12	10/15/12	20130307	XRAY	\$70.00	0	70	0	Rejected
WOMACK	10/24/12	10/29/12	20130425	DOCTOR VISIT OUTPATIENT	\$78.00	0	78	0	Rejected
WOMACK	10/24/12	10/15/12	20130319	XRAY	\$70.00	70	70	0	Rejected
WOMACK	10/24/12	10/24/12	20130307	XRAY	\$1,400.00	0	1400	0	Rejected
WOMACK	10/24/12	10/15/12	20130307	DOCTOR VISIT OUTPATIENT	\$193.00	0	193	0	Rejected
MOORE	01/12/13	01/16/13	20130314	DOCTOR VISIT OUTPATIENT	\$78.00	0	0	78	Processed
BROWN	02/18/13	02/19/13	20130314	NOT COVERED EXP	\$92.00	0	92	0	Rejected
BROWN	02/18/13	02/19/13	20130923	NOT COVERED EXP	\$92.00	0	92	0	Rejected
BROWN	02/18/13	02/19/13	20130923	NOT COVERED EXP	\$193.00	0	193	0	Rejected
BROWN	02/18/13	02/19/13	20130314	NOT COVERED EXP	\$193.00	0	193	0	Rejected
FRANKLIN	10/04/12	10/17/12	20130326	XRAY	\$73.00	73	73	0	Rejected
FRANKLIN	10/04/12	10/17/12	20130326	DOCTOR VISIT OUTPATIENT	\$193.00	158	158	35	Processed
FRANKLIN	10/04/12	10/31/12	20130326	DOCTOR VISIT OUTPATIENT	\$78.00	43	43	35	Processed
RODRIGUEZ	03/29/13	03/29/13	20130509	PRESCRIPTION DRUGS	\$18.70	0	0	18.7	Processed
RODRIGUEZ	03/29/13	04/02/13	20130509	MISC EXPENSE	\$100.00	0	0	100	Processed
RODRIGUEZ	03/29/13	04/02/13	20130509	XRAY	\$73.00	0	0	73	Processed
RODRIGUEZ	03/29/13	04/02/13	20130509	SURGERY	\$149.00	0	0	149	Processed
RODRIGUEZ	03/29/13	04/03/13	20130509	MISC EXPENSE	\$130.70	0	0	130.7	Processed
RODRIGUEZ	03/29/13	03/29/13	20130509	PRESCRIPTION DRUGS	\$15.87	0	0	15.87	Processed
RODRIGUEZ	03/29/13	04/11/13	20130509	DOCTOR VISIT OUTPATIENT	\$193.00	0	0	193	Processed
RODRIGUEZ	03/29/13	04/02/13	20130509	DOCTOR VISIT OUTPATIENT	\$193.00	0	0	193	Processed
RODRIGUEZ	03/29/13	03/29/13	20130516	XRAY	\$31.00	0	0	31	Processed
RODRIGUEZ	03/29/13	03/29/13	20130509	DOCTOR VISIT - EMERGENCY	\$433.00	0	0	433	Processed
RODRIGUEZ	03/29/13	03/29/13	20130509	EMERGENCY ROOM	\$2,371.25	0	0	2371.25	Processed
MARTIN	03/25/13	03/26/13	20130604	DOCTOR VISIT OUTPATIENT	\$193.00	0	193	0	Rejected
GREEN	04/08/13	04/08/13	20130617	XRAY	\$38.00	0	38	0	Rejected
GREEN	04/08/13	04/08/13	20130617	EMERGENCY ROOM	\$2,002.79	0	2002.79	0	Rejected
GREEN	04/08/13	04/08/13	20131104	EMERGENCY ROOM	\$2,002.79	1877.79	1877.79	125	Processed
GREEN	04/08/13	04/08/13	20130617	DOCTOR VISIT - EMERGENCY	\$387.00	0	387	0	Rejected
PHILLIPS	02/27/13	04/10/13	20130611	DOCTOR VISIT OUTPATIENT	\$78.00	0	78	0	Rejected
PHILLIPS	02/27/13	03/13/13	20130611	XRAY	\$70.00	0	70	0	Rejected
PHILLIPS	02/27/13	03/13/13	20130611	DOCTOR VISIT OUTPATIENT	\$193.00	0	193	0	Rejected
PUCKETT	04/08/13	07/31/13	20130910	PHYSICAL THERAPY	\$365.72	314.53	314.53	51.19	Processed
PUCKETT	04/08/13	05/29/13	20130708	PHYSICAL THERAPY	\$731.44	629.09	629.09	102.35	Processed
PUCKETT	04/08/13	05/22/13	20130708	PHYSICAL THERAPY	\$365.72	314.53	314.53	51.19	Processed
PUCKETT	04/08/13	07/29/13	20131111	PHYSICAL THERAPY	\$19.52	0	19.52	0	Rejected
PUCKETT	04/08/13	05/20/13	20130708	PHYSICAL THERAPY	\$356.93	306.97	306.97	49.96	Processed
PUCKETT	04/08/13	04/24/13	20130619	DOCTOR VISIT OUTPATIENT	\$130.00	80	80	50	Processed
PUCKETT	04/08/13	04/26/13	20130619	MISC EXPENSE	\$316.00	0	316	0	Rejected
PUCKETT	04/08/13	06/26/13	20130806	PHYSICAL THERAPY	\$346.20	297.75	297.75	48.45	Processed
PUCKETT	04/08/13	07/29/13	20131111	PHYSICAL THERAPY	\$86.55	74.44	74.44	12.11	Processed
PUCKETT	04/08/13	07/18/13	20130828	HOSPITAL EXPENSE - OUTPATIENT	\$731.44	629.09	629.09	102.35	Processed
PUCKETT	04/08/13	05/16/13	20130806	DOCTOR VISIT OUTPATIENT	\$112.00	62	62	50	Processed
PUCKETT	04/08/13	04/10/13	20130619	DOCTOR VISIT OUTPATIENT	\$193.00	143	143	50	Processed
PUCKETT	04/08/13	04/26/13	20130619	SURGERY	\$328.00	278	278	50	Processed
PUCKETT	04/08/13	08/09/13	20130910	PHYSICAL THERAPY	\$346.20	297.75	297.75	48.45	Processed
PUCKETT	04/08/13	07/29/13	20131111	PHYSICAL THERAPY	\$86.55	74.44	74.44	12.11	Processed
PUCKETT	04/08/13	04/26/13	20130619	DOCTOR VISIT OUTPATIENT	\$168.00	168	168	0	Rejected
PUCKETT	04/08/13	07/29/13	20131111	PHYSICAL THERAPY	\$86.55	74.44	74.44	12.11	Processed
PUCKETT	04/08/13	07/25/13	20130910	PHYSICAL THERAPY	\$365.72	314.54	314.54	51.18	Processed
PUCKETT	04/08/13	07/31/13	20130819	PHYSICAL THERAPY	\$365.72	314.54	314.54	51.18	Processed
PUCKETT	04/08/13	07/03/13	20130819	PHYSICAL THERAPY	\$346.20	297.75	297.75	48.45	Processed
PUCKETT	04/08/13	07/08/13	20130819	PHYSICAL THERAPY	\$365.72	314.54	314.54	51.18	Processed
PUCKETT	04/08/13	05/24/13	20130708	PHYSICAL THERAPY	\$365.72	314.53	314.53	51.19	Processed
PUCKETT	04/08/13	05/16/13	20130723	DOCTOR VISIT OUTPATIENT	\$112.00	0	112	0	Rejected
PUCKETT	04/08/13	07/29/13	20131111	PHYSICAL THERAPY	\$86.55	74.44	74.44	12.11	Processed
PUCKETT	04/08/13	07/29/13	20130910	PHYSICAL THERAPY	\$365.72	314.54	314.54	51.18	Processed
PUCKETT	04/08/13	07/05/13	20130819	PHYSICAL THERAPY	\$346.20	297.75	297.75	48.45	Processed
PUCKETT	04/08/13	08/06/13	20130910	PHYSICAL THERAPY	\$346.20	297.75	297.75	48.45	Processed
PUCKETT	04/08/13	07/24/13	20130910	PHYSICAL THERAPY	\$346.20	297.75	297.75	48.45	Processed
PUCKETT	04/08/13	06/05/13	20130708	PHYSICAL THERAPY	\$432.75	372.18	372.18	60.57	Processed
PUCKETT	04/08/13	06/28/13	20130806	PHYSICAL THERAPY	\$346.20	297.75	297.75	48.45	Processed
JOHNSON	10/06/12	03/19/13	20130722	PHYSICAL THERAPY	\$268.00	0	0	268	Processed
HENDERSON	08/26/13	08/26/13	20131218	DOCTOR VISIT OUTPATIENT	\$133.00	113	113	20	Processed
HENDERSON	08/26/13	08/26/13	20131218	DOCTOR VISIT OUTPATIENT	\$263.00	243	243	20	Processed
GOULD	09/03/13	01/20/14	20140306	DOCTOR VISIT OUTPATIENT	\$130.00	75	75	55	Processed
GOULD	09/03/13	09/17/13	20131029	SURGERY	\$1,302.00	1129.02	1129.02	172.98	Processed
GOULD	09/03/13	09/17/13	20131106	ASSIST SURGEON	\$1,302.00	289.2	289.2	1012.8	Processed
GOULD	09/03/13	09/17/13	20131108	OUTPATIENT SURG	\$10,115.85	8081.25	8081.25	2034.6	Processed
GOULD	09/03/13	03/12/14	20140604	NOT COVERED EXP	\$576.00	0	576	0	Rejected
GOULD	09/03/13	03/12/14	20140428	SURGERY	\$204.00	163.2	163.2	40.8	Processed
GOULD	09/03/13	03/12/14	20140520	OUTPATIENT SURG	\$3,765.00	2090.61	2090.61	1674.39	Processed
GOULD	09/03/13	05/14/14	20140714	OUTPATIENT SURG	\$11,186.51	9777.02	9777.02	1409.49	Processed
GOULD	09/03/13	05/14/14	20140620	ANESTHESIA	\$990.00	891	891	99	Processed
GOULD	09/03/13	09/09/13	20131105	DOCTOR VISIT OUTPATIENT	\$193.00	138	138	55	Processed
GOULD	09/03/13	03/12/14	20131125	ANESTHESIA	\$1,705.00	1155	1155	550	Processed
GOULD	09/03/13	03/12/14	20140428	XRAY	\$366.00	212.8	212.8	33.2	Processed
GOULD	09/03/13	03/12/14	20140428	XRAY	\$106.00	84.8	84.8	21.2	Processed
MARTIN	09/10/13	09/11/13	20131024	DOCTOR VISIT OUTPATIENT	\$130.00	105	105	25	Processed
MARTIN	09/10/13	09/25/13	20131101	DOCTOR VISIT OUTPATIENT	\$78.00	53	53	25	Processed
OVERTON	09/08/13	10/10/13	20140115	XRAY	\$106.00	98.2	98.2	7.8	Processed
OVERTON	09/08/13	10/10/13	20140115	XRAY	\$266.00	243.42	243.42	22.58	Processed
OVERTON	09/08/13	09/25/13	20131113	XRAY	\$57.00	22.62	22.62	34.38	Processed
OVERTON	09/08/13	09/25/13	20131113	DOCTOR VISIT OUTPATIENT	\$193.00	173	173	20	Processed
OVERTON	09/08/13	10/10/13	20140115	SURGERY	\$164.00	139.4	139.4	24.6	Processed
OVERTON	09/08/13	10/14/13	20140217	DOCTOR VISIT OUTPATIENT	\$130.00	110	110	20	Processed
OVERTON	09/08/13	10/10/13	20140120	OUTPATIENT SURG	\$3,856.00	3437.09	3437.09	418.91	Processed
ORGERON	09/04/13	09/27/13	20131218	DOCTOR VISIT OUTPATIENT	\$78.00	28	28	50	Processed
ORGERON	09/04/13	09/24/13	20140120	XRAY	\$260.00	216.54	216.54	43.46	Processed
ORGERON	09/04/13	09/16/13	20131206	DOCTOR VISIT OUTPATIENT	\$193.00	143	143	50	Processed
COURVILLE	09/26/13	11/07/13	20140129	ANESTHESIA	\$1,550.00	1455	1455	95	Processed
COURVILLE	09/26/13	01/29/14	20140320	DOCTOR VISIT OUTPATIENT	\$78.00	23.01	23.01	54.99	Processed
COURVILLE	09/26/13	10/18/13	20140128	XRAY	\$266.00	239.19	239.19	26.81	Processed
COURVILLE	09/26/13	11/07/13	20140109	SURGERY	\$1,302.00	1149.72	1149.72	152.28	Processed
COURVILLE	09/26/13	11/07/13	20140109	ASSIST SURGEON	\$1,302.00	1276.11	1276.11	25.89	Processed
COURVILLE	09/26/13	10/07/13	20131206	DOCTOR VISIT OUTPATIENT	\$193.00	165.59	165.59	27.41	Processed
COURVILLE	09/26/13	11/07/13	20140128	OUTPATIENT SURG	\$11,171.80	10422.57	10422.57	749.23	Processed
COURVILLE	09/26/13	10/18/13	20140128	SURGERY	\$204.00	179.02	179.02	24.98	Processed
COURVILLE	09/26/13	10/23/13	20140109	DOCTOR VISIT OUTPATIENT	\$78.00	67	67	11	Processed
COURVILLE	09/26/13	10/18/13	20140115	HOSPITAL EXPENSE - OUTPATIENT	\$3,672.0				

End 2012-13 - \$16,688.42

Policy #	Claim #	Sport	Claimant F	Claimant L	Incurred D	Date of Servi	Date Process	Benefit Cg	Benefit	Charge Amou	Other Ins Ps	Ineligible Ar	Paid Amou	Claim Statu
17N018006R	130000447897	Basketball	DANIEL	TYNES	10/03/13	10/21/13	20131205	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$53.00	\$53.00	\$25.00	Processed
17N018006R	130000447897	Baseball	DANIEL	TYNES	10/03/13	10/21/13	20140114	MSA	MISC EXPENSE	\$648.01	\$583.93	\$583.93	\$64.56	Processed
17N018006R	130000447897	Baseball	DANIEL	TYNES	10/03/13	10/07/13	20131113	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$168.00	\$168.00	\$25.00	Processed
17N018006R	130000447897	Baseball	DANIEL	TYNES	10/03/13	12/02/13	20140128	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$53.00	\$53.00	\$25.00	Processed
17N018006R	130000447897	Baseball	DANIEL	TYNES	10/03/13	10/17/13	20140128	HOA	HOSPITAL EXPENSE - OUTPATIENT	\$3,672.00	\$3,572.00	\$3,572.00	\$100.00	Processed
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	10/24/13	20140109	DSC	NETWORK DISCOUNT	\$7.28	\$0.00	\$0.00	\$7.28	Processed
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	10/28/13	20131204	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$0.00	\$78.00	Processed
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	11/06/13	20131216	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$0.00	\$78.00	Processed
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	10/24/13	20140109	XYA	XRAY	\$260.00	\$52.00	\$52.00	\$208.00	Processed
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	10/16/13	20131126	XYA	XRAY	\$83.00	\$0.00	\$0.00	\$83.00	Processed
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	10/16/13	20131126	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$193.00	Processed
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	10/24/13	20140219	XYA	XRAY	\$260.00	\$0.00	\$260.00	\$0.00	Rejected
17N018006R	130000459872	Basketball	CRYSTAL	JONES	10/09/13	10/24/13	20131205	HNR	HOSPITAL X-RAY	\$3,852.00	\$0.00	\$0.00	\$3,852.00	Processed
17N018006R	130000474332	Baseball	JACOB	RHOADES	10/17/13	10/17/13	20140115	HNR	HOSPITAL X-RAY	\$3,852.00	\$3,212.57	\$3,212.57	\$639.43	Processed
17N018006R	130000474332	Basketball	JACOB	RHOADES	10/17/13	10/17/13	20131205	XYA	XRAY	\$260.00	\$244.08	\$244.08	\$15.92	Processed
17N018006R	130000474332	Basketball	JACOB	RHOADES	10/17/13	10/09/13	20131206	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$163.00	\$163.00	\$30.00	Processed
17N018006R	130000474332	Baseball	JACOB	RHOADES	10/17/13	10/21/13	20140528	DME	MEDICAL EQUIPMENT	\$899.00	\$0.00	\$899.00	\$0.00	Rejected
17N018006R	130000474332	Baseball	JACOB	RHOADES	10/17/13	12/06/13	20140205	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$100.00	\$100.00	\$30.00	Processed
17N018006R	130000474332	Baseball	JACOB	RHOADES	10/17/13	10/21/13	20131218	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$48.00	\$48.00	\$30.00	Processed
17N018006R	130000474332	Baseball	JACOB	RHOADES	10/17/13	10/09/13	20131206	XYA	XRAY	\$83.00	\$25.78	\$25.78	\$57.22	Processed
17N018006R	130000483829	Softball	SARAH	ATKINS	10/20/13	12/02/13	20140128	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$28.00	\$28.00	\$50.00	Processed
17N018006R	130000483829	Softball	SARAH	ATKINS	10/20/13	11/11/13	20140128	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$80.00	\$80.00	\$50.00	Processed
17N018006R	130000483829	Softball	SARAH	ATKINS	10/20/13	10/21/13	20140115	XYA	XRAY	\$82.00	\$0.00	\$0.00	\$82.00	Processed
17N018006R	130000483829		SARAH	ATKINS	10/20/13	10/21/13	20140114	NC	NOT COVERED EXP	\$275.00	\$0.00	\$275.00	\$0.00	Rejected
17N018006R	130000483829	Softball	SARAH	ATKINS	10/20/13	10/28/13	20140115	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$0.00	\$78.00	Processed
17N018006R	130000483829	Softball	SARAH	ATKINS	10/20/13	10/21/13	20140115	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$195.22	Processed
17N018006R	130000483829	Softball	SARAH	ATKINS	10/20/13	10/28/13	20140115	XYA	XRAY	\$82.00	\$0.00	\$0.00	\$82.00	Processed
17N018006R	130000504012	Baseball	ERIC	GOREE	10/22/13	11/13/13	20140102	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$55.94	\$55.94	\$137.06	Processed
17N018006R	130000504012	Baseball	ERIC	GOREE	10/22/13	11/13/13	20140102	XYA	XRAY	\$82.00	\$34.16	\$34.16	\$47.84	Processed
17N018006R	130000504024	Basketball	SHANTEL	BRIGGS	11/11/13	11/20/13	20140102	XYA	XRAY	\$72.00	\$0.00	\$0.00	\$72.00	Processed
17N018006R	130000504024	Basketball	SHANTEL	BRIGGS	11/11/13	12/09/13	20140127	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$0.00	\$78.00	Processed
17N018006R	130000504024	Basketball	SHANTEL	BRIGGS	11/11/13	11/20/13	20140102	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$193.00	Processed
17N018006R	130000504024	Basketball	SHANTEL	BRIGGS	11/11/13	12/09/13	20140127	XYA	XRAY	\$72.00	\$0.00	\$0.00	\$72.00	Processed
17N018006R	130000504027	Baseball	WILBERT	THOMAS	11/26/13	12/02/13	20140205	NC	NOT COVERED EXP	\$984.00	\$0.00	\$984.00	\$0.00	Rejected
17N018006R	130000504027	Basketball	WILBERT	THOMAS	11/26/13	12/02/13	20140226	DEN	DENTAL	\$984.00	\$0.00	\$0.00	\$984.00	Processed
17N018006R	140000040759	Basketball	NATHAN	LEE	11/19/13	05/19/14	20141117	OAA	OUTPATIENT SURG	\$3,765.00	\$3,360.00	\$3,360.00	\$405.00	Processed
17N018006R	140000040759	Baseball	NATHAN	LEE	11/19/13	12/04/13	20140211	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$153.00	\$153.00	\$40.00	Processed
17N018006R	140000040759	Baseball	NATHAN	LEE	11/19/13	04/11/14	20140616	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$74.56	\$74.56	\$55.44	Processed
17N018006R	140000040759	Baseball	NATHAN	LEE	11/19/13	05/05/14	20140710	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$38.00	\$38.00	\$40.00	Processed
17N018006R	140000040764	Basketball	BRETT	RESTREPO	10/23/13	11/13/13	20140211	XYA	XRAY	\$82.00	\$57.00	\$57.00	\$25.00	Processed
17N018006R	140000057516	Basketball	GUSTAVS	PUHOVS	01/14/14	01/22/14	20140326	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$193.00	Processed
17N018006R	140000057516	Basketball	GUSTAVS	PUHOVS	01/14/14	01/22/14	20140326	XYA	XRAY	\$71.00	\$0.00	\$0.00	\$71.00	Processed
17N018006R	140000071940	Baseball	TAYLOR	ROY	01/12/14	01/14/14	20140306	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$168.00	\$168.00	\$25.00	Processed
17N018006R	140000071940	Baseball	TAYLOR	ROY	01/12/14	01/20/14	20140324	OAA	OUTPATIENT SURG	\$5,430.14	\$5,330.14	\$5,330.14	\$100.00	Processed
17N018006R	140000071940	Baseball	TAYLOR	ROY	01/12/14	03/05/14	20140408	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$105.00	\$105.00	\$25.00	Processed
17N018006R	140000071940	Baseball	TAYLOR	ROY	01/12/14	01/16/14	20140408	HNR	HOSPITAL X-RAY	\$3,345.00	\$3,295.00	\$3,295.00	\$50.00	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20160204	OAA	OUTPATIENT SURG	\$18,975.67	\$17,368.27	\$17,368.27	\$1,617.97	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	08/08/14	20141008	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$28.00	\$28.00	\$50.00	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20140514	ANA	ANESTHESIA	\$234.00	\$204.54	\$204.54	\$29.46	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/24/14	20140514	OAA	OUTPATIENT SURG	\$4,013.00	\$2,748.13	\$2,748.13	\$1,264.87	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/27/14	20140430	LBA	LABORATORY EXPENSE	\$8.00	\$7.28	\$7.28	\$0.72	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/24/14	20140430	XYA	XRAY	\$106.00	\$96.92	\$96.92	\$9.08	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/10/14	20140611	PYA	PHYSICAL THERAPY	\$2,242.00	\$2,016.69	\$2,016.69	\$225.31	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20140430	ASA	ASSIST SURGEON	\$2,329.00	\$0.00	\$2,329.00	\$0.00	Rejected
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/26/14	20140430	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$28.00	\$28.00	\$50.00	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20141008	MSA	MISC EXPENSE	\$185.40	\$170.66	\$170.66	\$14.74	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	04/15/14	20141021	PYA	PHYSICAL THERAPY	\$1,507.00	\$1,336.44	\$1,336.44	\$170.56	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	12/26/13	20140430	DOA	DOCTOR VISIT OUTPATIENT	\$160.00	\$110.00	\$110.00	\$50.00	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20140430	SIA	SURGERY	\$2,329.00	\$2,060.06	\$2,060.06	\$268.94	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	04/01/14	20140724	PYA	PHYSICAL THERAPY	\$3,199.00	\$0.00	\$3,199.00	\$0.00	Rejected
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	05/01/14	20141021	PYA	PHYSICAL THERAPY	\$2,216.00	\$1,990.28	\$1,990.28	\$225.72	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/27/14	20140430	LBA	LABORATORY EXPENSE	\$14.00	\$13.36	\$13.36	\$0.64	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	04/01/14	20140814	PYA	PHYSICAL THERAPY	\$3,199.00	\$2,872.75	\$2,872.75	\$326.25	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/24/14	20140430	SIA	SURGERY	\$164.00	\$145.21	\$145.21	\$18.79	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/24/14	20140430	XYA	XRAY	\$266.00	\$239.20	\$239.20	\$26.80	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/28/14	20140430	LBA	LABORATORY EXPENSE	\$6.00	\$5.58	\$5.58	\$0.42	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	02/10/14	20140430	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$143.00	\$143.00	\$50.00	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	12/26/13	20140430	XYA	XRAY	\$125.00	\$125.00	\$125.00	\$0.00	Rejected
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20151019	OAA	OUTPATIENT SURG	\$18,975.67	\$0.00	\$18,975.67	\$0.00	Rejected
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20140820	MSA	MISC EXPENSE	\$185.40	\$0.00	\$185.40	\$0.00	Rejected
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20140514	ANA	ANESTHESIA	\$2,480.00	\$2,328.00	\$2,328.00	\$152.00	Processed
17N018006R	140000079452	Baseball	BRADEN	ROBEY	11/12/13	03/06/14	20140604	MSA	MISC EXPENSE	\$185.40	\$0.00	\$185.40	\$0.00	Rejected
17N018006R	140000084969	Softball	BAILEY	NICHOLAS	12/04/13	01/24/14	20140320	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$55.94	\$55.94	\$137.06	Processed
17N018006R	140000084980	Baseball	HOLDEN	BROOKS	01/20/14	01/29/14	20140320	MSA	MISC EXPENSE	\$137.75	\$122.13	\$122.13	\$15.62	Processed
17N018006R	140000084980	Baseball	HOLDEN	BROOKS	01/20/14	01/29/14	20140320	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$168.00	\$168.00	\$25.00	Processed
17N018006R	1													

17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	05/15/14	20140625	DSC	NETWORK DISCOUNT	\$10.70	\$0.00	\$0.00	\$10.70	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	06/18/14	20140807	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$143.00	\$143.00	\$50.00	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	07/03/14	20140922	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$80.00	\$80.00	\$50.00	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	01/07/15	20150316	ANA	ANESTHESIA	\$630.00	\$574.00	\$574.00	\$56.00	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	03/11/15	20150618	OAA	OUTPATIENT SURG	\$9,977.46	\$8,879.54	\$8,879.54	\$1,097.92	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	03/20/14	20140616	HKR	HOSPITAL X-RAY	\$3,793.00	\$2,812.22	\$2,812.22	\$980.78	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	03/24/14	20140514	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$80.00	\$80.00	\$50.00	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	03/06/15	20150512	DME	MEDICAL EQUIPMENT	\$554.00	\$397.07	\$397.07	\$156.93	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	03/11/15	20150512	SIA	SURGERY	\$1,117.00	\$900.45	\$900.45	\$216.55	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	03/12/14	20140501	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$80.00	\$80.00	\$50.00	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	04/23/14	20140616	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$4.99	\$4.99	\$73.01	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	05/15/14	20140625	MSA	MISC EXPENSE	\$764.00	\$76.40	\$76.40	\$687.60	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	03/20/14	20141223	XYA	XRAY	\$255.00	\$0.00	\$255.00	\$0.00	Rejected
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	12/30/14	20150223	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$70.00	\$70.00	\$60.00	Processed
17N018006R	140000157981	Softball	SARAH	ATKINS	02/01/14	12/30/14	20150223	MSA	MISC EXPENSE	\$554.00	\$161.67	\$161.67	\$392.33	Processed
17N018006R	140000166363	Baseball	TERRY	ESTEVE	03/14/14	03/19/14	20140514	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$92.06	\$92.06	\$100.94	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/21/14	20140710	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$65.79	\$65.79	\$12.21	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/09/14	20140514	XYA	XRAY	\$77.00	\$38.78	\$38.78	\$38.22	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/17/14	20140722	HOA	HOSPITAL EXPENSE - OUTPATIENT	\$3,765.00	\$3,320.74	\$3,320.74	\$444.26	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/17/14	20140710	XYA	XRAY	\$266.00	\$235.90	\$235.90	\$30.10	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/17/14	20140807	XYA	XRAY	\$106.00	\$0.00	\$106.00	\$0.00	Rejected
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/09/14	20140514	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$121.74	\$121.74	\$71.26	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/17/14	20140710	SIA	SURGERY	\$204.00	\$163.20	\$163.20	\$40.80	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/17/14	20140807	XYA	XRAY	\$266.00	\$0.00	\$266.00	\$0.00	Rejected
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/17/14	20140710	XYA	XRAY	\$106.00	\$95.60	\$95.60	\$10.40	Processed
17N018006R	140000166369	Baseball	DILLON	CRAIN	03/30/14	04/17/14	20140807	SIA	SURGERY	\$204.00	\$0.00	\$204.00	\$0.00	Rejected
17N018006R	140000166375	Baseball	HADEN	HERNANDEZ	04/08/14	04/11/14	20140527	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$193.00	Processed
17N018006R	140000166375	Baseball	HADEN	HERNANDEZ	04/08/14	04/11/14	20140527	XYA	XRAY	\$83.00	\$0.00	\$0.00	\$83.00	Processed
17N018006R	140000242878	Baseball	HADEN	HERNANDEZ	04/28/14	05/07/14	20141223	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$0.00	\$0.00	\$130.00	Processed
17N018006R	140000242878	Baseball	HADEN	HERNANDEZ	04/28/14	05/07/14	20140804	NC	NOT COVERED EXP	\$212.00	\$0.00	\$212.00	\$0.00	Rejected
17N018006R	140000242878	Baseball	HADEN	HERNANDEZ	04/28/14	05/07/14	20141223	XYA	XRAY	\$82.00	\$0.00	\$0.00	\$82.00	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	07/07/14	20140911	ASA	ASSIST SURGEON	\$550.00	\$275.16	\$275.16	\$274.84	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/06/14	20141013	PYA	PHYSICAL THERAPY	\$35.00	\$28.70	\$28.70	\$6.30	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/28/14	20141027	PYA	PHYSICAL THERAPY	\$252.00	\$219.38	\$219.38	\$32.62	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	05/05/14	20140710	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$23.01	\$23.01	\$54.99	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/16/14	20141110	PYA	PHYSICAL THERAPY	\$35.00	\$29.67	\$29.67	\$5.33	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	06/09/14	20140805	DOA	DOCTOR VISIT OUTPATIENT	\$380.00	\$0.00	\$380.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/04/14	20141027	PYA	PHYSICAL THERAPY	\$252.00	\$219.38	\$219.38	\$32.62	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	07/07/14	20140911	SIA	SURGERY	\$2,750.00	\$2,104.00	\$2,104.00	\$646.00	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/28/14	20141027	PYA	PHYSICAL THERAPY	\$35.00	\$0.00	\$35.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/26/14	20141027	PYA	PHYSICAL THERAPY	\$50.00	\$48.36	\$48.36	\$1.64	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	06/09/14	20140728	DOA	DOCTOR VISIT OUTPATIENT	\$380.00	\$325.00	\$325.00	\$55.00	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	11/04/14	20150205	PYA	PHYSICAL THERAPY	\$290.00	\$260.00	\$260.00	\$30.00	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/04/14	20141027	PYA	PHYSICAL THERAPY	\$35.00	\$0.00	\$35.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/11/14	20141110	PYA	PHYSICAL THERAPY	\$252.00	\$219.38	\$219.38	\$32.62	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/02/14	20141027	PYA	PHYSICAL THERAPY	\$35.00	\$0.00	\$35.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	06/05/14	20140922	XYA	XRAY	\$85.00	\$85.00	\$85.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	05/13/14	20140710	SIA	SURGERY	\$204.00	\$79.09	\$79.09	\$124.91	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	05/16/14	20140710	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$23.01	\$23.01	\$54.99	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	05/13/14	20140710	XYA	XRAY	\$266.00	\$131.97	\$131.97	\$134.03	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/06/14	20141013	PYA	PHYSICAL THERAPY	\$45.00	\$34.75	\$34.75	\$10.25	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/06/14	20141013	PYA	PHYSICAL THERAPY	\$40.00	\$33.52	\$33.52	\$6.48	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	07/07/14	20140925	OAA	OUTPATIENT SURG	\$9,609.00	\$7,630.20	\$7,630.20	\$1,978.80	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/16/14	20141110	PYA	PHYSICAL THERAPY	\$252.00	\$226.51	\$226.51	\$25.49	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/09/14	20141114	PYA	PHYSICAL THERAPY	\$35.00	\$28.70	\$28.70	\$6.30	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/11/14	20141110	NC	NOT COVERED EXP	\$50.00	\$0.00	\$50.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	05/13/14	20140807	HOA	HOSPITAL EXPENSE - OUTPATIENT	\$3,765.00	\$2,422.92	\$2,422.92	\$1,342.08	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/09/14	20141114	PYA	PHYSICAL THERAPY	\$45.00	\$34.75	\$34.75	\$10.25	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	07/16/14	20140911	MSA	MISC EXPENSE	\$600.00	\$470.56	\$470.56	\$129.44	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/09/14	20141114	PYA	PHYSICAL THERAPY	\$40.00	\$33.52	\$33.52	\$6.48	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	05/13/14	20140807	SIA	SURGERY	\$204.00	\$0.00	\$204.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	05/13/14	20140807	XYA	XRAY	\$266.00	\$0.00	\$266.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	04/21/14	20140710	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$138.00	\$138.00	\$55.00	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/28/14	20141027	PYA	PHYSICAL THERAPY	\$50.00	\$48.36	\$48.36	\$1.64	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/09/14	20141114	PYA	PHYSICAL THERAPY	\$135.00	\$102.38	\$102.38	\$32.62	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	04/21/14	20141027	MSA	MISC EXPENSE	\$137.75	\$68.85	\$68.85	\$68.90	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/06/14	20141114	PYA	PHYSICAL THERAPY	\$360.00	\$0.00	\$360.00	\$0.00	Rejected
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/04/14	20141027	PYA	PHYSICAL THERAPY	\$41.00	\$36.61	\$36.61	\$4.39	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/28/14	20141027	PYA	PHYSICAL THERAPY	\$46.00	\$39.70	\$39.70	\$6.30	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	06/05/14	20140922	DOA	DOCTOR VISIT OUTPATIENT	\$279.00	\$224.00	\$224.00	\$55.00	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/26/14	20141027	PYA	PHYSICAL THERAPY	\$259.00	\$227.36	\$227.36	\$31.64	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/06/14	20141013	PYA	PHYSICAL THERAPY	\$135.00	\$102.38	\$102.38	\$32.62	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/28/14	20141027	PYA	PHYSICAL THERAPY	\$78.00	\$67.75	\$67.75	\$10.25	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	09/04/14	20141027	PYA	PHYSICAL THERAPY	\$78.00	\$67.75	\$67.75	\$10.25	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	08/06/14	20141013	PYA	PHYSICAL THERAPY	\$105.00	\$76.82	\$76.82	\$28.18	Processed
17N018006R	140000242963	Baseball	THOMAS	AUGER	04/18/14	07/07/14	20140911	SIA	SURGERY	\$1,930.00	\$1,633.80	\$1,633.80	\$296.20	Processed

17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	07/08/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706		NATHAN	LEE	03/21/14	06/24/14	20140804	PYA	PHYSICAL THERAPY	\$243.00	\$0.00	\$243.00	\$0.00	Rejected
17N018006R	140000259706		NATHAN	LEE	03/21/14	06/27/14	20140804	PYA	PHYSICAL THERAPY	\$243.00	\$0.00	\$243.00	\$0.00	Rejected
17N018006R	140000259706		NATHAN	LEE	03/21/14	06/20/14	20140804	PYA	PHYSICAL THERAPY	\$243.00	\$0.00	\$243.00	\$0.00	Rejected
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	07/07/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	06/26/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706		NATHAN	LEE	03/21/14	06/13/14	20140804	PYA	PHYSICAL THERAPY	\$208.00	\$0.00	\$208.00	\$0.00	Rejected
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	07/03/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706		NATHAN	LEE	03/21/14	05/05/14	20140714	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$78.00	\$0.00	Rejected
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	06/12/14	20141215	PYA	PHYSICAL THERAPY	\$252.00	\$246.00	\$246.00	\$6.00	Processed
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	05/21/14	20141215	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$38.00	\$38.00	\$40.00	Processed
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	07/01/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	07/02/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706		NATHAN	LEE	03/21/14	06/26/14	20140804	PYA	PHYSICAL THERAPY	\$243.00	\$0.00	\$243.00	\$0.00	Rejected
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	06/20/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706		NATHAN	LEE	03/21/14	06/12/14	20140804	PYA	PHYSICAL THERAPY	\$252.00	\$0.00	\$252.00	\$0.00	Rejected
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	05/19/14	20141215	SIA	SURGERY	\$304.00	\$183.60	\$183.60	\$20.40	Processed
17N018006R	140000259706		NATHAN	LEE	03/21/14	07/03/14	20140804	PYA	PHYSICAL THERAPY	\$243.00	\$0.00	\$243.00	\$0.00	Rejected
17N018006R	140000259706	Baseball	NATHAN	LEE	03/21/14	06/19/14	20141215	PYA	PHYSICAL THERAPY	\$243.00	\$237.00	\$237.00	\$6.00	Processed
17N018006R	140000259706		NATHAN	LEE	03/21/14	05/21/14	20140804	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$78.00	\$0.00	Rejected
17N018006R	140000370832	Baseball	REUBEN	EDWARDS	09/01/14	09/17/14	20141020	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$193.00	Processed
17N018006R	140000372663	Softball	HALEY	PETERS	08/27/14	09/09/14	20141126	HKR	HOSPITAL X-RAY	\$3,345.00	\$3,031.74	\$3,031.74	\$313.26	Processed
17N018006R	140000372663	Softball	HALEY	PETERS	08/27/14	08/27/14	20141020	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$107.06	\$107.06	\$85.94	Processed
17N018006R	140000372663		HALEY	PETERS	08/27/14	09/09/14	20141105	XYA	XRAY	\$260.00	\$146.89	\$146.89	\$113.11	Processed
17N018006R	140000372663	Softball	HALEY	PETERS	08/27/14	09/10/14	20141105	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$48.00	\$48.00	\$30.00	Processed
17N018006R	140000390523	Baseball	RODNEY	BONDS	09/21/14	10/02/14	20141106	DOA	DOCTOR VISIT OUTPATIENT	\$37.00	\$0.00	\$0.00	\$37.00	Processed
17N018006R	140000390523	Baseball	RODNEY	BONDS	09/21/14	09/21/14	20141215	HEA	EMERGENCY ROOM	\$891.00	\$0.00	\$0.00	\$891.00	Processed
17N018006R	140000390523	Football	RODNEY	BONDS	09/21/14	09/23/14	20141029	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$193.00	Processed
17N018006R	140000390523	Football	RODNEY	BONDS	09/21/14	09/23/14	20141029	XYA	XRAY	\$73.00	\$0.00	\$0.00	\$73.00	Processed
17N018006R	140000398712	Softball	ALEXIS	KERRY	09/08/14	10/15/14	20141215	OAA	OUTPATIENT SURG	\$4,624.00	\$4,574.00	\$4,574.00	\$50.00	Processed
17N018006R	140000398712	Softball	ALEXIS	KERRY	09/08/14	10/27/14	20141215	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$53.00	\$53.00	\$25.00	Processed
17N018006R	140000398712	Softball	ALEXIS	KERRY	09/08/14	09/19/14	20150112	OAA	OUTPATIENT SURG	\$217.00	\$0.00	\$217.00	\$0.00	Rejected
17N018006R	140000398712	Softball	ALEXIS	KERRY	09/08/14	09/08/14	20141215	XYA	XRAY	\$70.00	\$0.00	\$70.00	\$0.00	Rejected
17N018006R	140000398712	Softball	ALEXIS	KERRY	09/08/14	09/08/14	20141215	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$168.00	\$168.00	\$25.00	Processed
17N018006R	140000398712	Softball	ALEXIS	KERRY	09/08/14	09/19/14	20141215	OAA	OUTPATIENT SURG	\$217.00	\$117.00	\$117.00	\$100.00	Processed
17N018006R	14000046836	Baseball	AUSTIN	MCWHINEY	09/10/14	09/12/14	20141111	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$148.00	\$148.00	\$45.00	Processed
17N018006R	14000046836	Baseball	AUSTIN	MCWHINEY	09/10/14	11/07/14	20150108	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$85.00	\$85.00	\$45.00	Processed
17N018006R	14000046836	Baseball	AUSTIN	MCWHINEY	09/10/14	10/20/14	20141215	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$85.00	\$85.00	\$45.00	Processed
17N018006R	14000046836	Baseball	AUSTIN	MCWHINEY	09/10/14	11/04/14	20150205	OAA	OUTPATIENT SURG	\$4,457.00	\$4,195.08	\$4,195.08	\$261.92	Processed
17N018006R	14000046836	Baseball	AUSTIN	MCWHINEY	09/10/14	10/10/14	20141215	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$85.00	\$85.00	\$45.00	Processed
17N018006R	140000412764	Volleyball	FRANCISCO	RODRIGUEZ	09/29/14	10/01/14	20141112	XYA	XRAY	\$88.00	\$0.00	\$0.00	\$88.00	Processed
17N018006R	140000412764	Volleyball	FRANCISCO	RODRIGUEZ	09/29/14	10/01/14	20141112	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$0.00	\$0.00	\$130.00	Processed
17N018006R	140000422330	Baseball	VERNON	OLIVER	09/25/14	11/19/14	20150931	SIA	SURGERY	\$2,387.00	\$2,206.01	\$2,206.01	\$180.99	Processed
17N018006R	140000422330	Baseball	VERNON	OLIVER	09/25/14	10/01/14	20141126	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$168.00	\$168.00	\$25.00	Processed
17N018006R	140000422330	Football	VERNON	OLIVER	09/25/14	11/10/14	20150108	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$168.00	\$168.00	\$25.00	Processed
17N018006R	140000422330	Baseball	VERNON	OLIVER	09/25/14	11/19/14	20150205	ASA	ASSIST SURGEON	\$1,169.00	\$1,155.73	\$1,155.73	\$13.27	Processed
17N018006R	140000422330	Basketball	VERNON	OLIVER	09/25/14	11/19/14	20150931	SIA	SURGERY	\$2,387.00	\$0.00	\$2,387.00	\$0.00	Rejected
17N018006R	140000422330	Baseball	VERNON	OLIVER	09/25/14	10/22/14	20141215	HKR	HOSPITAL X-RAY	\$3,319.00	\$2,805.10	\$2,805.10	\$513.90	Processed
17N018006R	140000422330	Baseball	VERNON	OLIVER	09/25/14	11/19/14	20151224	OAA	OUTPATIENT SURG	\$17,190.86	\$0.00	\$17,190.86	\$0.00	Rejected
17N018006R	140000422330	Baseball	VERNON	OLIVER	09/25/14	10/10/14	20150122	PYA	PHYSICAL THERAPY	\$1,622.00	\$1,522.00	\$1,522.00	\$100.00	Processed
17N018006R	140000422330	Baseball	VERNON	OLIVER	09/25/14	11/19/14	20150113	ANA	ANESTHESIA	\$825.00	\$802.74	\$802.74	\$22.26	Processed
17N018006R	140000422346	Baseball	KYLE	SHAPEN	09/09/14	09/10/14	20141126	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$143.00	\$143.00	\$50.00	Processed
17N018006R	140000422346	Baseball	KYLE	SHAPEN	09/09/14	09/24/14	20141126	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$80.00	\$80.00	\$50.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/29/14	20141231	ANA	ANESTHESIA	\$2,108.00	\$2,075.36	\$2,075.36	\$32.64	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	12/17/14	20150318	PYA	PHYSICAL THERAPY	\$933.60	\$903.60	\$903.60	\$30.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	04/02/15	20150831	DOA	DOCTOR VISIT OUTPATIENT	\$90.00	\$45.00	\$45.00	\$45.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/29/14	20150205	SIA	SURGERY	\$1,407.00	\$1,332.85	\$1,332.85	\$74.15	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/29/14	20141231	ANA	ANESTHESIA	\$2,125.00	\$2,076.04	\$2,076.04	\$48.96	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	09/17/14	20141211	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$85.00	\$85.00	\$45.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	12/17/14	20150513	PYA	PHYSICAL THERAPY	\$4,252.20	\$0.00	\$4,252.20	\$0.00	Rejected
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/03/14	20141211	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$33.00	\$33.00	\$45.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/28/14	20141215	OAA	OUTPATIENT SURG	\$45,654.90	\$45,154.90	\$45,154.90	\$500.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/29/14	20150205	SIA	SURGERY	\$2,350.00	\$2,222.61	\$2,222.61	\$127.39	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	08/10/15	20160112	DOA	DOCTOR VISIT OUTPATIENT	\$90.00	\$45.00	\$45.00	\$45.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	09/17/14	20141126	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$85.00	\$85.00	\$45.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/01/14	20150409	SIA	SURGERY	\$204.00	\$191.51	\$191.51	\$12.49	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/01/14	20141223	OAA	OUTPATIENT SURG	\$3,931.00	\$3,431.00	\$3,431.00	\$500.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/29/14	20141231	SIA	SURGERY	\$1,495.00	\$1,480.27	\$1,480.27	\$14.73	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	12/17/14	20150318	PYA	PHYSICAL THERAPY	\$890.70	\$860.70	\$860.70	\$30.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	02/13/15	20150616	PYA	PHYSICAL THERAPY	\$892.00	\$802.00	\$802.00	\$90.00	Processed
17N018006R	140000422351	Baseball	TERRY	ESTEVE	09/13/14	10/20/14	20150713	DOA	DOCTOR VISIT OUTPATIENT	\$160.00	\$115.00	\$115.00	\$45.00	Processed
17N018006R	140000440413	Softball	STEPHANIE	WILLIS	09/14/14	12/01/14	20150219	PYA	PHYSICAL THERAPY	\$319.00	\$309.43	\$309.43	\$9.57	Processed
17N018006R	140000440413	Softball	STEPHANIE	WILLIS	09/14/14	10/15/14	20141210	XYA	XRAY	\$88.00	\$21.68	\$21.68	\$66.32	Processed
17N018006R	140000440413	Softball	STEPHANIE	WILLIS	09/14/14	11/04/14	20150212	PYA	PHYSICAL THERAPY	\$1,214.00	\$1,126.19	\$1,126.19	\$87.81	Processed
17N018006R	140000440413	Softball	STEPHANIE	WILLIS	09/14/14	10/15/14	20141210	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$95.00	\$95.00	\$35.00	Processed
17N018006R	140000440453	Baseball	TAYLOR	COURVILLE	09/29/14	10/01/14	20141211	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$37.92	\$37.92	\$92.08	Processed

17N018006R	140000440464		BRAXTON	BUTLER	09/27/14	11/24/14	20150707	NC	NOT COVERED EXP	\$1,104.00	\$0.00	\$1,104.00	\$0.00	Rejected
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	11/25/14	20160209	DME	MEDICAL EQUIPMENT	\$860.00	\$0.00	\$860.00	\$0.00	Rejected
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	03/09/15	20150624	DOA	DOCTOR VISIT OUTPATIENT	\$75.00	\$18.90	\$18.90	\$56.10	Processed
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	11/30/15	20160209	DOA	DOCTOR VISIT OUTPATIENT	\$18.65	\$0.00	\$0.00	\$18.65	Processed
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	11/25/14	20150902	OAA	OUTPATIENT SURG	\$21,180.00	\$20,312.00	\$20,312.00	\$868.00	Processed
17N018006R	140000440464		BRAXTON	BUTLER	09/27/14	11/25/14	20150707	NC	NOT COVERED EXP	\$21,180.00	\$0.00	\$21,180.00	\$0.00	Rejected
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	11/25/14	20150624	SIA	SURGERY	\$3,285.00	\$3,204.56	\$3,204.56	\$80.44	Processed
17N018006R	140000440464		BRAXTON	BUTLER	09/27/14	11/26/14	20150707	NC	NOT COVERED EXP	\$219.00	\$0.00	\$219.00	\$0.00	Rejected
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	11/30/15	20160209	DOA	DOCTOR VISIT OUTPATIENT	\$86.35	\$0.00	\$86.35	\$0.00	Rejected
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	03/09/15	20160209	DOA	DOCTOR VISIT OUTPATIENT	\$75.00	\$0.00	\$75.00	\$0.00	Rejected
17N018006R	140000440464	Baseball	BRAXTON	BUTLER	09/27/14	11/25/14	20160209	ASA	ASSIST SURGEON	\$2,147.50	\$0.00	\$2,147.50	\$0.00	Rejected
17N018006R	140000440464		BRAXTON	BUTLER	09/27/14	01/30/15	20150707	NC	NOT COVERED EXP	\$516.00	\$0.00	\$516.00	\$0.00	Rejected
17N018006R	140000443203	Softball	TAYLOR	BRADY	09/22/14	10/21/14	20141211	XYA	XRAY	\$126.00	\$62.00	\$62.00	\$64.00	Processed
17N018006R	140000443203	Softball	TAYLOR	BRADY	09/22/14	10/22/14	20150205	PYA	PHYSICAL THERAPY	\$746.00	\$309.45	\$309.45	\$436.55	Processed
17N018006R	140000443203	Softball	TAYLOR	BRADY	09/22/14	11/01/14	20150709	PYA	PHYSICAL THERAPY	\$438.00	\$221.16	\$221.16	\$216.84	Processed
17N018006R	140000443203	Softball	TAYLOR	BRADY	09/22/14	10/21/14	20141211	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$55.04	\$55.04	\$137.96	Processed
17N018006R	140000443203	Softball	TAYLOR	BRADY	09/22/14	10/22/14	20150224	PYA	PHYSICAL THERAPY	\$746.00	\$0.00	\$746.00	\$0.00	Rejected
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/16/15	20151019	PYA	PHYSICAL THERAPY	\$1,606.00	\$0.00	\$1,606.00	\$0.00	Rejected
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	06/01/15	20160613	PHYH	PHYSICAL THERAPY HOSP	\$146.00	\$130.14	\$130.14	\$15.86	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/16/15	20151019	PYA	PHYSICAL THERAPY	\$308.00	\$0.00	\$308.00	\$0.00	Rejected
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/22/15	20150630	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$110.77	\$110.77	\$19.23	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	11/04/14	20150126	HXR	HOSPITAL X-RAY	\$4,238.00	\$2,794.01	\$2,794.01	\$1,443.99	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/08/15	20150519	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$110.77	\$110.77	\$19.23	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/08/15	20150519	SIA	SURGERY	\$173.00	\$156.95	\$156.95	\$16.05	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	05/01/15	20160613	PHYH	PHYSICAL THERAPY HOSP	\$1,219.00	\$1,089.92	\$1,089.92	\$129.08	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	10/15/14	20141211	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$30.04	\$30.04	\$162.96	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/16/15	20151019	PYA	PHYSICAL THERAPY	\$1,606.00	\$0.00	\$1,606.00	\$0.00	Rejected
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	10/15/14	20141211	XYA	XRAY	\$70.00	\$23.58	\$23.58	\$46.42	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/16/15	20151019	NC	NOT COVERED EXP	\$95.00	\$0.00	\$95.00	\$0.00	Rejected
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/16/15	20160613	PHYH	PHYSICAL THERAPY HOSP	\$2,060.00	\$1,830.71	\$1,830.71	\$229.29	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/16/15	20151019	PYA	PHYSICAL THERAPY	\$308.00	\$0.00	\$308.00	\$0.00	Rejected
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	01/01/15	20150427	PYA	PHYSICAL THERAPY	\$4,299.00	\$3,225.46	\$3,225.46	\$1,073.54	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/16/15	20151019	NC	NOT COVERED EXP	\$51.00	\$0.00	\$51.00	\$0.00	Rejected
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	04/08/15	20150519	MSA	MISC EXPENSE	\$11.00	\$10.12	\$10.12	\$0.88	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	02/01/15	20150617	PYA	PHYSICAL THERAPY	\$2,730.00	\$2,446.64	\$2,446.64	\$283.36	Processed
17N018006R	140000443225	Softball	KAYLA	MAHAN	09/23/14	03/11/15	20150427	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$110.77	\$110.77	\$19.23	Processed
17N018006R	15000058215		RODNEY	BONDS	01/30/15	01/30/15	20150316	XYA	XRAY	\$38.00	\$0.00	\$0.00	\$38.00	Processed
17N018006R	15000058215	Baseball	RODNEY	BONDS	01/30/15	01/30/15	20150316	XYA	XRAY	\$167.00	\$0.00	\$0.00	\$167.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	06/26/15	20150831	PYA	PHYSICAL THERAPY	\$135.00	\$120.00	\$120.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	12/30/14	20150512	MSA	MISC EXPENSE	\$140.00	\$128.34	\$128.34	\$11.66	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	12/30/14	20150427	MSA	MISC EXPENSE	\$140.00	\$0.00	\$140.00	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	11/11/14	20150512	OAA	OUTPATIENT SURG	\$4,211.00	\$3,305.68	\$3,305.68	\$905.32	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	01/15/15	20150701	SIA	SURGERY	\$2,395.00	\$2,227.95	\$2,227.95	\$167.05	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	06/17/15	20150831	PYA	PHYSICAL THERAPY	\$135.00	\$120.00	\$120.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	11/11/14	20150512	SIA	SURGERY	\$164.00	\$131.20	\$131.20	\$32.80	Processed
17N018006R	15000099410		ANDREW	MASHBURN	09/24/14	11/11/14	20150427	SIA	SURGERY	\$270.00	\$0.00	\$270.00	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	06/23/15	20150831	PYA	PHYSICAL THERAPY	\$135.00	\$120.00	\$120.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	07/23/15	20151021	PYA	PHYSICAL THERAPY	\$135.00	\$120.00	\$120.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	10/29/14	20150512	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$178.00	\$178.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	01/15/15	20150512	SIA	SURGERY	\$840.00	\$818.53	\$818.53	\$21.47	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	10/29/14	20150427	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$193.00	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	01/15/15	20150512	XYA	XRAY	\$315.00	\$315.00	\$315.00	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	11/11/14	20150512	XYA	XRAY	\$266.00	\$224.26	\$224.26	\$41.74	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	06/19/15	20150831	PYA	PHYSICAL THERAPY	\$135.00	\$120.00	\$120.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	06/12/15	20150806	PYA	PHYSICAL THERAPY	\$120.00	\$105.00	\$105.00	\$15.00	Processed
17N018006R	15000099410		ANDREW	MASHBURN	09/24/14	11/11/14	20150427	XYA	XRAY	\$266.00	\$0.00	\$266.00	\$0.00	Rejected
17N018006R	15000099410		ANDREW	MASHBURN	09/24/14	01/15/15	20150427	OAA	OUTPATIENT SURG	\$15,425.68	\$0.00	\$15,425.68	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	11/14/14	20150512	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$63.00	\$63.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	11/11/14	20150512	XYA	XRAY	\$106.00	\$99.55	\$99.55	\$6.45	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	06/15/15	20150806	PYA	PHYSICAL THERAPY	\$135.00	\$120.00	\$120.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	07/21/15	20150910	PYA	PHYSICAL THERAPY	\$135.00	\$120.00	\$120.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	11/14/14	20150427	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$78.00	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	11/11/14	20150427	OAA	OUTPATIENT SURG	\$4,211.00	\$0.00	\$4,211.00	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	01/15/15	20150512	OAA	OUTPATIENT SURG	\$15,425.68	\$14,618.08	\$14,618.08	\$807.60	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	06/09/15	20150727	DOA	DOCTOR VISIT OUTPATIENT	\$110.00	\$95.00	\$95.00	\$15.00	Processed
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	01/15/15	20150427	ANA	ANESTHESIA	\$1,050.00	\$0.00	\$1,050.00	\$0.00	Rejected
17N018006R	15000099410	Baseball	ANDREW	MASHBURN	09/24/14	01/15/15	20150512	ANA	ANESTHESIA	\$1,050.00	\$546.12	\$546.12	\$503.88	Processed
										\$445,294.94	\$259,522.69	\$400,176.73	\$45,132.57	

End 2013-14 - \$45,132.57

Incurred Da	Date of Servi	Date Process	Benefit Co	Benefit	Charge Amou	Other Ins Pa	Ineligible Ar	Paid Amou	Claim Stat
10/15/14	10/15/14	20141215	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$163.00	\$163.00	\$30.00	Processed
11/07/14	11/18/14	20150519	DSC	NETWORK DISCOUNT	\$169.39	\$0.00	\$0.00	\$169.39	Processed
11/07/14	04/13/15	20150512	SIA	SURGERY	\$173.00	\$0.00	\$0.00	\$173.00	Processed
11/07/14	04/13/15	20150512	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$0.00	\$0.00	\$130.00	Processed
11/07/14	11/18/14	20160621	HXR	HOSPITAL X-RAY	\$2,823.10	\$0.00	\$2,823.10	\$0.00	Rejected
11/07/14	11/10/14	20151203	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$0.00	\$78.00	Processed
11/07/14	04/13/15	20150512	MSA	MISC EXPENSE	\$11.00	\$0.00	\$0.00	\$11.00	Processed
11/07/14	11/07/14	20141215	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$0.00	\$0.00	\$193.00	Processed
11/07/14	11/18/14	20150119	XYA	XRAY	\$260.00	\$0.00	\$52.00	\$208.00	Processed
11/07/14	11/07/14	20141215	XYA	XRAY	\$83.00	\$0.00	\$0.00	\$83.00	Processed
11/07/14	11/18/14	20150119	HXR	HOSPITAL X-RAY	\$4,033.00	\$0.00	\$1,209.90	\$2,823.10	Processed
11/07/14	11/18/14	20150119	XYA	XRAY	\$7.28	\$0.00	\$0.00	\$7.28	Processed
11/07/14	11/18/14	20150119	HXR	HOSPITAL X-RAY	\$169.39	\$0.00	\$0.00	\$169.39	Processed
11/07/14	11/18/14	20160621	HXR	HOSPITAL X-RAY	\$1,209.90	\$0.00	\$0.00	\$1,209.90	Processed
11/07/14	11/21/14	20150106	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$0.00	\$0.00	\$130.00	Processed
10/22/14	12/05/14	20150303	OAA	OUTPATIENT SURG	\$11,731.25	\$10,562.85	\$10,562.85	\$1,168.40	Processed
10/22/14	10/27/14	20150217	XYA	XRAY	\$83.00	\$35.22	\$35.22	\$47.78	Processed
10/22/14	12/05/14	20150217	ANA	ANESTHESIA	\$810.00	\$779.95	\$779.95	\$30.05	Processed
10/22/14	01/01/15	20150427	PYA	PHYSICAL THERAPY	\$4,818.00	\$3,506.25	\$3,506.25	\$1,311.75	Processed
10/22/14	02/01/15	20150507	PYA	PHYSICAL THERAPY	\$1,168.00	\$1,043.94	\$1,043.94	\$124.06	Processed
10/22/14	11/17/14	20150209	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$0.00	\$130.00	\$0.00	Rejected
10/22/14	12/05/14	20150209	ANA	ANESTHESIA	\$810.00	\$0.00	\$810.00	\$0.00	Rejected
10/22/14	10/31/14	20150209	HXR	HOSPITAL X-RAY	\$4,033.00	\$0.00	\$4,033.00	\$0.00	Rejected
10/22/14	10/27/14	20150209	DOA	DOCTOR VISIT OUTPATIENT	\$276.00	\$0.00	\$276.00	\$0.00	Rejected
10/22/14	10/31/14	20150427	HXR	HOSPITAL X-RAY	\$4,033.00	\$3,072.72	\$3,072.72	\$976.70	Processed
10/22/14	12/05/14	20150217	SIA	SURGERY	\$1,526.00	\$1,383.92	\$1,383.92	\$142.08	Processed
10/22/14	11/17/14	20150217	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$90.00	\$90.00	\$40.00	Processed
10/22/14	10/27/14	20150217	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$153.00	\$153.00	\$40.00	Processed
10/22/14	10/31/14	20150217	XYA	XRAY	\$260.00	\$237.49	\$237.49	\$22.51	Processed
10/22/14	10/31/14	20150209	XYA	XRAY	\$260.00	\$0.00	\$260.00	\$0.00	Rejected
10/22/14	12/05/14	20150209	SIA	SURGERY	\$1,526.00	\$0.00	\$1,526.00	\$0.00	Rejected
10/29/14	10/30/14	20141216	DEN	DENTAL	\$138.00	\$0.00	\$0.00	\$138.00	Processed
10/24/14	11/05/14	20150427	HXR	HOSPITAL X-RAY	\$3,703.56	\$0.00	\$0.00	\$3,777.83	Processed
10/24/14	11/05/14	20150427	HXR	HOSPITAL X-RAY	\$329.44	\$0.00	\$329.44	\$0.00	Rejected
10/24/14	10/27/14	20150108	XYA	XRAY	\$83.00	\$0.00	\$83.00	\$0.00	Rejected
10/24/14	11/05/14	20150427	HXR	HOSPITAL X-RAY	\$3,703.56	\$0.00	\$0.00	\$3,777.83	Processed
10/24/14	11/10/14	20150108	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$58.00	\$58.00	\$20.00	Processed
10/24/14	10/27/14	20150108	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$173.00	\$173.00	\$20.00	Processed
10/24/14	11/05/14	20150205	HXR	HOSPITAL X-RAY	\$4,033.00	\$3,703.56	\$3,703.56	\$329.44	Processed
10/16/14	11/19/14	20150212	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$75.00	\$75.00	\$55.00	Processed
01/30/15	04/01/15	20150706	NC	NOT COVERED EXP	\$204.00	\$0.00	\$204.00	\$0.00	Rejected
01/30/15	03/05/15	20151006	NC	NOT COVERED EXP	\$6,440.00	\$0.00	\$6,440.00	\$0.00	Rejected
01/30/15	02/16/15	20150720	HXR	HOSPITAL X-RAY	\$1,209.90	\$0.00	\$0.00	\$1,250.87	Processed
01/30/15	04/01/15	20150706	NC	NOT COVERED EXP	\$285.00	\$0.00	\$285.00	\$0.00	Rejected
01/30/15	02/16/15	20150519	HXR	HOSPITAL X-RAY	\$4,033.00	\$0.00	\$4,033.00	\$0.00	Rejected
01/30/15	02/06/15	20150408	ORT	ORTH APPLIANCE	\$65.00	\$0.00	\$19.50	\$45.50	Processed
01/30/15	04/01/15	20150615	NC	NOT COVERED EXP	\$285.00	\$0.00	\$285.00	\$0.00	Rejected
01/30/15	04/01/15	20150727	NC	NOT COVERED EXP	\$204.00	\$0.00	\$204.00	\$0.00	Rejected
01/30/15	04/01/15	20150903	PYA	PHYSICAL THERAPY	\$2,533.00	\$0.00	\$2,533.00	\$0.00	Rejected
01/30/15	01/30/15	20150324	DMA	DOCTOR VISIT - EMERGENCY	\$130.00	\$0.00	\$32.50	\$97.50	Processed
01/30/15	04/01/15	20150727	NC	NOT COVERED EXP	\$285.00	\$0.00	\$285.00	\$0.00	Rejected
01/30/15	02/23/15	20150331	DOA	DOCTOR VISIT OUTPATIENT	\$472.00	\$0.00	\$38.97	\$433.03	Processed
01/30/15	02/16/15	20150408	HXR	HOSPITAL X-RAY	\$4,033.00	\$0.00	\$1,209.90	\$2,823.10	Processed
01/30/15	01/30/15	20150324	DSC	NETWORK DISCOUNT	\$12.43	\$0.00	\$0.00	\$12.43	Processed
01/30/15	03/05/15	20150727	NC	NOT COVERED EXP	\$950.00	\$0.00	\$950.00	\$0.00	Rejected
01/30/15	01/30/15	20150324	HEA	EMERGENCY ROOM	\$3,231.91	\$0.00	\$484.79	\$2,747.12	Processed
01/30/15	03/05/15	20150512	NC	NOT COVERED EXP	\$950.00	\$0.00	\$950.00	\$0.00	Rejected
01/30/15	01/30/15	20150312	ABA	AMBULANCE	\$962.00	\$0.00	\$0.00	\$962.00	Processed
01/30/15	03/05/15	20150512	PYH	PHYSICAL THERAPY HOSP	\$4,672.00	\$0.00	\$0.00	\$4,672.00	Processed
01/30/15	04/06/15	20150518	ORT	ORTH APPLIANCE	\$790.00	\$0.00	\$790.00	\$0.00	Rejected
01/30/15	02/18/15	20150324	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$0.00	\$0.00	\$78.00	Processed
01/30/15	02/06/15	20150324	XYA	XRAY	\$83.00	\$0.00	\$0.00	\$83.00	Processed
01/30/15	02/16/15	20150720	HXR	HOSPITAL X-RAY	\$2,823.10	\$0.00	\$2,823.10	\$0.00	Rejected
01/30/15	05/06/15	20150518	ORT	ORTH APPLIANCE	\$790.00	\$0.00	\$790.00	\$0.00	Rejected
01/30/15	03/05/15	20150706	PYH	PHYSICAL THERAPY HOSP	\$4,672.00	\$0.00	\$4,672.00	\$0.00	Rejected
01/30/15	04/01/15	20150706	PYH	PHYSICAL THERAPY HOSP	\$2,044.00	\$0.00	\$2,044.00	\$0.00	Rejected
01/30/15	08/06/15	20150825	NC	NOT COVERED EXP	\$790.00	\$0.00	\$790.00	\$0.00	Rejected
01/30/15	02/16/15	20150331	XYA	XRAY	\$260.00	\$0.00	\$0.00	\$260.00	Processed
01/30/15	03/05/15	20150706	NC	NOT COVERED EXP	\$950.00	\$0.00	\$950.00	\$0.00	Rejected
01/30/15	03/05/15	20150512	PYH	PHYSICAL THERAPY HOSP	\$308.00	\$0.00	\$0.00	\$308.00	Processed
01/30/15	03/05/15	20150512	NC	NOT COVERED EXP	\$510.00	\$0.00	\$510.00	\$0.00	Rejected
01/30/15	04/01/15	20150615	PYH	PHYSICAL THERAPY HOSP	\$2,044.00	\$0.00	\$0.00	\$2,044.00	Processed
01/30/15	06/06/15	20150707	ORT	ORTH APPLIANCE	\$790.00	\$0.00	\$790.00	\$0.00	Rejected
01/30/15	03/05/15	20150706	NC	NOT COVERED EXP	\$510.00	\$0.00	\$510.00	\$0.00	Rejected
01/30/15	03/05/15	20150727	PYA	PHYSICAL THERAPY	\$4,672.00	\$0.00	\$4,672.00	\$0.00	Rejected
01/30/15	03/05/15	20150727	PYA	PHYSICAL THERAPY	\$308.00	\$0.00	\$308.00	\$0.00	Rejected
01/30/15	04/01/15	20150727	PYH	PHYSICAL THERAPY HOSP	\$2,044.00	\$0.00	\$2,044.00	\$0.00	Rejected
01/30/15	03/05/15	20150706	PYH	PHYSICAL THERAPY HOSP	\$308.00	\$0.00	\$308.00	\$0.00	Rejected
01/30/15	04/01/15	20150706	NC	NOT COVERED EXP	\$285.00	\$0.00	\$285.00	\$0.00	Rejected
01/30/15	04/01/15	20150615	NC	NOT COVERED EXP	\$204.00	\$0.00	\$204.00	\$0.00	Rejected
01/30/15	01/30/15	20150324	DSC	NETWORK DISCOUNT	\$67.87	\$0.00	\$0.00	\$67.87	Processed
01/30/15	02/23/15	20150324	HXR	HOSPITAL X-RAY	\$229.00	\$0.00	\$0.00	\$229.00	Processed
01/30/15	01/30/15	20150324	XYA	XRAY	\$38.00	\$0.00	\$38.00	\$0.00	Rejected
01/30/15	02/16/15	20150720	HXR	HOSPITAL X-RAY	\$1,209.90	\$0.00	\$0.00	\$1,250.87	Processed
01/30/15	03/05/15	20150903	PYA	PHYSICAL THERAPY	\$6,440.00	\$0.00	\$6,440.00	\$0.00	Rejected
01/30/15	03/05/15	20150727	NC	NOT COVERED EXP	\$510.00	\$0.00	\$510.00	\$0.00	Rejected
01/30/15	01/30/15	20150324	XYA	XRAY	\$167.00	\$0.00	\$167.00	\$0.00	Rejected
01/30/15	04/01/15	20151006	NC	NOT COVERED EXP	\$2,533.00	\$0.00	\$2,533.00	\$0.00	Rejected
01/30/15	07/06/15	20150722	DME	MEDICAL EQUIPMENT	\$790.00	\$0.00	\$790.00	\$0.00	Rejected
01/30/15	04/01/15	20150706	NC	NOT COVERED EXP	\$204.00	\$0.00	\$204.00	\$0.00	Rejected
01/30/15	02/06/15	20150408	DSC	NETWORK DISCOUNT	\$40.49	\$0.00	\$0.00	\$40.49	Processed
01/30/15	01/30/15	20150324	SIA	SURGERY	\$225.00	\$0.00	\$56.25	\$168.75	Processed
01/30/15	03/06/15	20150518	ORT	ORTH APPLIANCE	\$790.00	\$0.00	\$790.00	\$0.00	Rejected
01/30/15	02/06/15	20150408	ORT	ORTH APPLIANCE	\$899.00	\$0.00	\$269.70	\$629.30	Processed
01/30/15	02/23/15	20150324	XYA	XRAY	\$38.00	\$0.00	\$0.00	\$38.00	Processed
01/30/15	02/06/15	20150324	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$0.00	\$0.00	\$130.00	Processed
01/30/15	02/16/15	20150408	DSC	NETWORK DISCOUNT	\$169.39	\$0.00	\$0.00	\$169.39	Processed
01/14/15	09/09/15	20151026	SIA	SURGERY	\$133.00	\$112.05	\$112.05	\$20.95	Processed
01/14/15	05/11/16	20160801	SIA	SURGERY	\$1,622.00	\$1,622.00	\$1,622.00	\$0.00	Rejected

01/14/15	05/18/15	20150706	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$108.53	\$108.53	\$21.47	Processed
01/14/15	09/09/15	20151026	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$114.53	\$114.53	\$21.47	Processed
01/14/15	04/13/15	20150527	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$103.10	\$103.10	\$26.90	Processed
01/14/15	03/18/15	20150421	XYA	XRAY	\$106.00	\$0.00	\$0.00	\$106.00	Processed
01/14/15	03/18/15	20150421	XYA	XRAY	\$266.00	\$0.00	\$0.00	\$266.00	Processed
01/14/15	05/11/16	20160811	OAA	OUTPATIENT SURG	\$17,608.65	\$15,829.30	\$15,829.30	\$1,779.35	Processed
01/14/15	02/12/15	20150706	HOA	HOSPITAL EXPENSE -	\$3,931.00	\$0.00	\$3,931.00	\$0.00	Rejected
01/14/15	05/11/16	20160801	SIA	SURGERY	\$2,346.00	\$2,010.31	\$2,010.31	\$335.69	Processed
01/14/15	04/06/15	20150804	PYH	PHYSICAL THERAPY HOSP	\$3,140.00	\$2,769.49	\$2,769.49	\$370.51	Processed
01/14/15	12/10/15	20160225	DOA	DOCTOR VISIT OUTPATIENT	\$301.00	\$258.40	\$258.40	\$42.60	Processed
01/14/15	05/11/16	20160801	ORT	ORTH APPLIANCE	\$200.00	\$152.18	\$152.18	\$47.82	Processed
01/14/15	03/18/15	20150427	HOA	HOSPITAL EXPENSE -	\$4,145.00	\$0.00	\$0.00	\$4,145.00	Processed
01/14/15	05/01/15	20150727	PYA	PHYSICAL THERAPY	\$489.00	\$431.30	\$431.30	\$57.70	Processed
01/14/15	02/12/15	20150421	XYA	XRAY	\$266.00	\$0.00	\$0.00	\$266.00	Processed
01/14/15	02/12/15	20150421	SIA	SURGERY	\$204.00	\$0.00	\$0.00	\$204.00	Processed
01/14/15	03/18/15	20150421	SIA	SURGERY	\$164.00	\$0.00	\$0.00	\$164.00	Processed
01/14/15	06/13/16	20160801	PYA	PHYSICAL THERAPY	\$3,697.00	\$3,221.82	\$3,221.82	\$475.18	Processed
01/14/15	05/11/16	20160801	ANA	ANESTHESIA	\$1,050.00	\$971.25	\$971.25	\$78.75	Processed
01/14/15	08/20/15	20151008	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$114.53	\$114.53	\$21.47	Processed
01/14/15	02/12/15	20150423	HOA	HOSPITAL EXPENSE -	\$3,931.00	\$0.00	\$0.00	\$3,931.00	Processed
01/14/15	09/09/15	20151026	MSA	MISC EXPENSE	\$64.00	\$61.17	\$61.17	\$2.83	Processed
10/16/14	10/28/14	20150427	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$163.00	\$163.00	\$30.00	Processed
10/16/14	11/25/14	20150324	PYA	PHYSICAL THERAPY	\$457.00	\$437.00	\$437.00	\$20.00	Processed
10/16/14	10/28/14	20150427	SIA	SURGERY	\$192.00	\$174.91	\$174.91	\$17.09	Processed
10/16/14	11/25/14	20150427	DOA	DOCTOR VISIT OUTPATIENT	\$78.00	\$48.00	\$48.00	\$30.00	Processed
10/16/14	10/28/14	20150427	MSA	MISC EXPENSE	\$47.00	\$44.02	\$44.02	\$2.98	Processed
10/16/14	10/28/14	20150427	XYA	XRAY	\$71.00	\$64.68	\$64.68	\$6.32	Processed
02/19/15	02/20/15	20150410	DOA	DOCTOR VISIT OUTPATIENT	\$64.00	\$28.37	\$28.37	\$35.63	Processed
02/19/15	02/20/15	20150410	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$55.94	\$55.94	\$137.06	Processed
03/17/15	03/17/15	20150427	HEA	EMERGENCY ROOM	\$980.85	\$0.00	\$0.00	\$980.85	Processed
03/17/15	03/17/15	20150512	DMA	DOCTOR VISIT - EMERGENCY	\$95.00	\$0.00	\$0.00	\$95.00	Processed
03/17/15	03/23/15	20150427	DOA	DOCTOR VISIT OUTPATIENT	\$199.00	\$0.00	\$0.00	\$199.00	Processed
03/17/15	03/17/15	20150427	XYA	XRAY	\$41.00	\$0.00	\$0.00	\$41.00	Processed
03/16/15	03/17/15	20150519	HEA	EMERGENCY ROOM	\$786.85	\$761.85	\$761.85	\$25.00	Processed
02/20/15	03/18/15	20150527	DOA	DOCTOR VISIT OUTPATIENT	\$193.00	\$163.00	\$163.00	\$30.00	Processed
02/20/15	04/15/15	20150618	DOA	DOCTOR VISIT OUTPATIENT	\$130.00	\$100.00	\$100.00	\$30.00	Processed
02/20/15	09/03/15	20151124	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$106.00	\$106.00	\$30.00	Processed
03/16/15	04/15/15	20150706	ORT	ORTH APPLIANCE	\$195.00	\$171.60	\$171.60	\$23.40	Processed
03/16/15	04/15/15	20150716	OAA	OUTPATIENT SURG	\$11,595.47	\$10,389.54	\$10,389.54	\$1,205.93	Processed
03/16/15	04/15/15	20150706	SIA	SURGERY	\$1,402.00	\$1,328.19	\$1,328.19	\$73.81	Processed
03/16/15	04/21/15	20150716	PYH	PHYSICAL THERAPY HOSP	\$2,273.00	\$2,055.00	\$2,055.00	\$218.00	Processed
03/16/15	12/11/15	20160519	DME	MEDICAL EQUIPMENT	\$2,619.50	\$0.00	\$2,619.50	\$0.00	Rejected
03/16/15	04/15/15	20150706	SIA	SURGERY	\$1,494.00	\$1,318.23	\$1,318.23	\$175.77	Processed
01/09/15	01/15/15	20150709	HOL	HOSPITAL LAB	\$103.56	\$0.00	\$103.56	\$0.00	Rejected
04/19/15	04/19/15	20150819	NC	NOT COVERED EXP	\$429.85	\$0.00	\$429.85	\$0.00	Rejected
04/09/15	06/04/15	20151005	DOA	DOCTOR VISIT OUTPATIENT	\$117.00	\$39.12	\$39.12	\$77.88	Processed
04/09/15	06/01/15	20151005	XYA	XRAY	\$266.00	\$169.74	\$169.74	\$96.26	Processed
04/09/15	05/27/15	20151005	DOA	DOCTOR VISIT OUTPATIENT	\$159.00	\$27.15	\$27.15	\$131.85	Processed
04/09/15	05/27/15	20151005	XYA	XRAY	\$53.00	\$24.23	\$24.23	\$28.77	Processed
04/09/15	06/01/15	20151005	XYA	XRAY	\$680.00	\$513.49	\$513.49	\$166.51	Processed
04/09/15	05/27/15	20151005	XYA	XRAY	\$28.00	\$14.48	\$14.48	\$13.52	Processed
04/09/15	06/04/15	20151005	XYA	XRAY	\$83.00	\$41.31	\$41.31	\$41.69	Processed
04/09/15	07/15/15	20151005	DOA	DOCTOR VISIT OUTPATIENT	\$117.00	\$39.12	\$39.12	\$77.88	Processed
04/09/15	06/10/15	20151005	DOA	DOCTOR VISIT OUTPATIENT	\$126.00	\$37.75	\$37.75	\$88.25	Processed
04/09/15	06/01/15	20151005	RX	PRESCRIPTION DRUGS	\$46.03	\$40.20	\$40.20	\$5.83	Processed
08/15/15	09/17/15	20151116	DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$0.00	\$0.00	\$204.00	Processed
08/15/15	10/01/15	20160303	PYH	PHYSICAL THERAPY HOSP	\$2,567.00	\$0.00	\$0.00	\$2,572.06	Processed
08/15/15	10/01/15	20160303	PYH	PHYSICAL THERAPY HOSP	\$504.00	\$0.00	\$0.00	\$504.99	Processed
08/15/15	09/23/15	20151116	PYH	PHYSICAL THERAPY HOSP	\$1,404.00	\$0.00	\$421.20	\$982.80	Processed
08/15/15	09/23/15	20160510	PYH	PHYSICAL THERAPY HOSP	\$1,404.00	\$0.00	\$0.00	\$1,404.00	Processed
08/15/15	09/23/15	20151116	DSC	NETWORK DISCOUNT	\$58.97	\$0.00	\$0.00	\$58.97	Processed
08/15/15	09/17/15	20151116	XYA	XRAY	\$58.00	\$0.00	\$0.00	\$58.00	Processed
09/10/15	09/16/15	20160413	HOA	HOSPITAL EXPENSE -	\$210.90	\$0.00	\$140.84	\$70.06	Processed
09/10/15	09/10/15	20160413	DMA	DOCTOR VISIT - EMERGENCY	\$130.00	\$0.00	\$10.72	\$119.28	Processed
09/10/15	09/10/15	20160608	HEA	EMERGENCY ROOM	\$1,760.85	\$0.00	\$1,760.85	\$0.00	Rejected
09/10/15	09/11/15	20160413	RX	PRESCRIPTION DRUGS	\$136.36	\$0.00	\$133.08	\$3.28	Processed
09/10/15	09/10/15	20151103	DSC	NETWORK DISCOUNT	\$73.96	\$0.00	\$0.00	\$73.96	Processed
09/10/15	09/30/15	20160413	HOA	HOSPITAL EXPENSE -	\$200.36	\$0.00	\$130.30	\$70.06	Processed
09/10/15	09/16/15	20160413	DOA	DOCTOR VISIT OUTPATIENT	\$191.00	\$0.00	\$114.35	\$76.65	Processed
09/10/15	09/10/15	20151103	HEA	EMERGENCY ROOM	\$1,760.85	\$528.26	\$528.26	\$1,232.59	Processed
09/10/15	09/10/15	20160413	XYA	XRAY	\$167.00	\$0.00	\$124.52	\$42.48	Processed
08/14/15	09/11/15	20151110	HXR	HOSPITAL X-RAY	\$3,502.00	\$2,002.00	\$2,002.00	\$1,500.00	Processed
08/14/15	09/03/15	20151201	DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$139.00	\$139.00	\$65.00	Processed
08/14/15	09/15/15	20151201	DOA	DOCTOR VISIT OUTPATIENT	\$81.00	\$16.97	\$16.97	\$64.03	Processed
08/26/15	09/10/15	20151124	DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$154.00	\$154.00	\$50.00	Processed
08/14/15	10/02/15	20160128	SIA	SURGERY	\$1,622.00	\$1,537.27	\$1,537.27	\$84.73	Processed
08/14/15	10/23/15	20160727	PYH	PHYSICAL THERAPY HOSP	\$1,225.00	\$1,087.01	\$1,087.01	\$137.99	Processed
08/14/15	11/01/15	20160707	PYH	PHYSICAL THERAPY HOSP	\$3,473.00	\$3,108.13	\$3,108.13	\$364.87	Processed
08/14/15	09/28/15	20160222	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$136.00	\$0.00	Rejected
08/14/15	10/02/15	20160128	ASA	ASSIST SURGEON	\$1,876.00	\$0.00	\$1,876.00	\$0.00	Rejected
08/14/15	10/02/15	20160128	ASA	ASSIST SURGEON	\$1,297.00	\$1,282.60	\$1,282.60	\$14.40	Processed
08/14/15	09/14/15	20160201	DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$154.00	\$154.00	\$50.00	Processed
08/14/15	09/28/15	20160201	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$86.00	\$86.00	\$50.00	Processed
08/14/15	09/14/15	20160222	DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$0.00	\$204.00	\$0.00	Rejected
08/14/15	10/02/15	20160414	OAA	OUTPATIENT SURG	\$16,435.64	\$16,320.13	\$16,320.13	\$115.51	Processed
08/14/15	04/28/16	20160624	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$86.00	\$86.00	\$50.00	Processed
08/14/15	09/22/15	20160202	HOA	HOSPITAL EXPENSE -	\$4,248.45	\$3,953.18	\$3,953.18	\$295.27	Processed
08/14/15	10/02/15	20160202	SIA	SURGERY	\$730.00	\$707.10	\$707.10	\$22.90	Processed
08/14/15	10/02/15	20160128	SIA	SURGERY	\$2,346.00	\$2,065.06	\$2,065.06	\$280.94	Processed
08/14/15	10/02/15	20160225	ASA	ASSIST SURGEON	\$1,876.00	\$0.00	\$1,876.00	\$0.00	Rejected
08/14/15	09/24/15	20160222	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$86.00	\$86.00	\$50.00	Processed
08/14/15	10/02/15	20160202	ANA	ANESTHESIA	\$990.00	\$919.61	\$919.61	\$70.39	Processed
09/03/15	10/27/15	20160204	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$101.00	\$101.00	\$35.00	Processed
09/03/15	10/27/15	20160204	XYA	XRAY	\$56.00	\$8.53	\$8.53	\$47.47	Processed
09/03/15	11/10/15	20160216	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$101.00	\$101.00	\$35.00	Processed
09/03/15	11/10/15	20160216	XYA	XRAY	\$56.00	\$8.53	\$8.53	\$47.47	Processed
09/03/15	09/29/15	20151201	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$101.00	\$101.00	\$35.00	Processed
04/11/15	08/11/15	20160126	PYA	PHYSICAL THERAPY	\$654.00	\$604.00	\$604.00	\$50.00	Processed
04/11/15	05/28/15	20160126	DOA	DOCTOR VISIT OUTPATIENT	\$282.00	\$232.00	\$232.00	\$50.00	Processed
04/11/15	08/04/15	20160126	PYA	PHYSICAL THERAPY	\$258.00	\$233.00	\$233.00	\$25.00	Processed

04/11/15	08/14/15	20160126	PYA	PHYSICAL THERAPY	\$411.00	\$386.00	\$386.00	\$25.12	Processed
04/11/15	07/29/15	20160126	PYA	PHYSICAL THERAPY	\$309.00	\$284.00	\$284.00	\$25.12	Processed
04/11/15	08/18/15	20160126	PYA	PHYSICAL THERAPY	\$738.00	\$688.00	\$688.00	\$50.23	Processed
04/11/15	08/21/15	20160126	PYA	PHYSICAL THERAPY	\$243.00	\$218.00	\$218.00	\$25.12	Processed
04/11/15	07/16/15	20160126	ORT	ORTH APPLIANCE	\$295.00	\$236.00	\$236.00	\$59.27	Processed
04/11/15	06/10/15	20160126	DOA	DOCTOR VISIT OUTPATIENT	\$116.00	\$68.38	\$68.38	\$47.84	Processed
04/11/15	08/06/15	20160126	PYA	PHYSICAL THERAPY	\$342.00	\$317.00	\$317.00	\$25.12	Processed
04/11/15	07/16/15	20160126	SIA	SURGERY	\$3,066.00	\$1,980.78	\$1,980.78	\$1,090.21	Processed
04/11/15	05/28/15	20160126	XYA	XRAY	\$96.00	\$0.00	\$96.00	\$0.00	Rejected
04/11/15	06/01/15	20160126	XYA	XRAY	\$1,685.00	\$1,635.00	\$1,635.00	\$50.23	Processed
04/11/15	07/31/15	20160126	PYA	PHYSICAL THERAPY	\$212.00	\$187.00	\$187.00	\$25.12	Processed
04/11/15	08/03/15	20160126	PYA	PHYSICAL THERAPY	\$258.00	\$233.00	\$233.00	\$25.12	Processed
09/09/15	09/30/15	20160503	PYA	PHYSICAL THERAPY	\$308.00	\$123.20	\$123.20	\$184.80	Processed
09/09/15	11/01/15	20160503	PYA	PHYSICAL THERAPY	\$1,510.00	\$1,328.80	\$1,328.80	\$181.20	Processed
09/09/15	10/01/15	20160503	PYA	PHYSICAL THERAPY	\$3,223.00	\$2,800.29	\$2,800.29	\$422.71	Processed
09/09/15	09/17/15	20160216	DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$174.00	\$174.00	\$30.06	Processed
09/09/15	10/15/15	20160208	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$106.00	\$106.00	\$30.20	Processed
09/30/15	11/12/15	20160208	XYA	XRAY	\$56.00	\$20.35	\$20.35	\$35.88	Processed
09/30/15	11/12/15	20160208	DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$169.00	\$169.00	\$35.23	Processed
09/30/15	12/03/15	20160217	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$101.00	\$101.00	\$35.00	Processed
09/30/15	01/07/16	20160317	XYA	XRAY	\$71.00	\$22.49	\$22.49	\$48.51	Processed
09/30/15	01/07/16	20160317	DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$101.00	\$101.00	\$35.00	Processed
09/30/15	12/03/15	20160217	INJ	INJECTIONS	\$143.00	\$58.86	\$58.86	\$84.14	Processed
					\$261,887.96	\$118,133.31	\$196,016.23	\$66,139.47	

End 2014 – 15 - \$66,139.47

Benefit Code	Benefit	Charge Amount	Other Insurance Paid	Ineligible Amount	Paid Amount	Claim Status
DOA	DOCTOR VISIT OUTPATIENT	\$191.00	\$161.00	\$161.00	\$30.06	Processed
HEA	EMERGENCY ROOM	\$2,340.77	\$1,744.46	\$1,744.46	\$596.31	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$117.00	\$87.00	\$87.00	\$30.15	Processed
HEA	EMERGENCY ROOM	\$2,340.77	\$0.00	\$2,340.77	\$0.00	Rejected
HOA	HOSPITAL EXPENSE - OUTPATIENT	\$200.36	\$134.82	\$134.82	\$65.88	Processed
HOA	HOSPITAL EXPENSE - OUTPATIENT	\$200.36	\$134.82	\$134.82	\$65.88	Processed
HEA	EMERGENCY ROOM	\$2,340.77	\$0.00	\$2,340.77	\$0.00	Rejected
HOA	HOSPITAL EXPENSE - OUTPATIENT	\$200.36	\$134.82	\$134.82	\$65.78	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$117.00	\$87.00	\$87.00	\$30.20	Processed
XYA	XRAY	\$167.00	\$97.34	\$97.34	\$69.66	Processed
SIA	SURGERY	\$133.00	\$0.00	\$0.00	\$133.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$0.00	\$0.00	\$204.00	Processed
XYA	XRAY	\$71.00	\$0.00	\$0.00	\$71.00	Processed
MSA	MISC EXPENSE	\$10.00	\$0.00	\$0.00	\$10.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$68.20	\$68.20	\$67.80	Processed
XYA	XRAY	\$1,500.00	\$1,350.00	\$1,350.00	\$150.00	Processed
PYH	PHYSICAL THERAPY HOSP	\$1,315.51	\$0.00	\$1,315.51	\$0.00	Rejected
XYA	XRAY	\$71.00	\$58.61	\$58.61	\$12.47	Processed
PYH	PHYSICAL THERAPY HOSP	\$396.61	\$0.00	\$396.61	\$0.00	Rejected
ASA	ASSIST SURGEON	\$2,463.00	\$2,428.61	\$2,428.61	\$34.62	Processed
PYA	PHYSICAL THERAPY	\$906.00	\$740.98	\$740.98	\$165.02	Processed
PYH	PHYSICAL THERAPY HOSP	\$450.00	\$352.02	\$352.02	\$97.98	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$68.20	\$68.20	\$67.80	Processed
PYH	PHYSICAL THERAPY HOSP	\$104.88	\$0.00	\$0.00	\$104.88	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$81.00	\$22.50	\$22.50	\$58.88	Processed
PYH	PHYSICAL THERAPY HOSP	\$450.00	\$352.02	\$352.02	\$97.98	Processed
PYH	PHYSICAL THERAPY HOSP	\$467.00	\$364.33	\$364.33	\$102.67	Processed
PYA	PHYSICAL THERAPY	\$1,950.00	\$1,516.67	\$1,516.67	\$433.33	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$81.00	\$22.50	\$22.50	\$58.88	Processed
PYH	PHYSICAL THERAPY HOSP	\$450.00	\$352.02	\$352.02	\$97.98	Processed
PYH	PHYSICAL THERAPY HOSP	\$2,718.00	\$0.00	\$0.00	\$2,718.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$137.00	\$69.20	\$69.20	\$67.80	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$68.20	\$68.20	\$68.25	Processed
ANA	ANESTHESIA	\$2,325.00	\$2,175.00	\$2,175.00	\$150.30	Processed
NC	NOT COVERED EXP	\$53.00	\$0.00	\$53.00	\$0.00	Rejected
OAA	OUTPATIENT SURG	\$30,410.32	\$25,863.93	\$25,863.93	\$4,546.39	Processed
SIA	SURGERY	\$2,463.00	\$2,119.13	\$2,119.13	\$346.13	Processed
HXR	HOSPITAL X-RAY	\$3,502.00	\$0.00	\$0.00	\$3,502.00	Processed
XYA	XRAY	\$61.00	\$0.00	\$0.00	\$61.02	Processed
MSA	MISC EXPENSE	\$64.00	\$0.00	\$0.00	\$64.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$61.00	\$0.00	\$0.00	\$61.00	Processed
MSA	MISC EXPENSE	\$6.00	\$0.00	\$0.00	\$6.00	Processed
NC	NOT COVERED EXP	\$159.00	\$0.00	\$159.00	\$0.00	Rejected
NC	NOT COVERED EXP	\$265.00	\$0.00	\$265.00	\$0.00	Rejected
PYH	PHYSICAL THERAPY HOSP	\$319.00	\$0.00	\$0.00	\$319.10	Processed
NC	NOT COVERED EXP	\$285.00	\$0.00	\$285.00	\$0.00	Rejected
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$0.00	\$136.04	Processed
PYH	PHYSICAL THERAPY HOSP	\$1,359.00	\$0.00	\$0.00	\$1,359.45	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$0.00	\$0.00	\$204.07	Processed
PYH	PHYSICAL THERAPY HOSP	\$1,661.00	\$0.00	\$0.00	\$1,661.00	Processed
MSA	MISC EXPENSE	\$64.00	\$0.00	\$0.00	\$64.02	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$0.00	\$136.00	Processed
SIA	SURGERY	\$133.00	\$0.00	\$0.00	\$133.04	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$0.00	\$136.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$0.00	\$136.00	Processed
NC	NOT COVERED EXP	\$475.00	\$0.00	\$475.00	\$0.00	Rejected
XYA	XRAY	\$260.00	\$0.00	\$0.00	\$260.00	Processed
MSA	MISC EXPENSE	\$6.00	\$0.00	\$0.00	\$6.00	Processed
SIA	SURGERY	\$133.00	\$0.00	\$0.00	\$133.00	Processed
XYA	XRAY	\$125.00	\$0.00	\$125.00	\$0.00	Rejected
HEA	EMERGENCY ROOM	\$1,147.85	\$496.93	\$496.93	\$650.92	Processed
DMA	DOCTOR VISIT - EMERGENCY	\$95.00	\$26.29	\$26.29	\$68.71	Processed
XYA	XRAY	\$125.00	\$71.74	\$71.74	\$53.47	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$191.00	\$186.00	\$186.00	\$5.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$149.00	\$149.00	\$55.22	Processed
PYA	PHYSICAL THERAPY	\$1,076.00	\$0.00	\$1,076.00	\$0.00	Processed
PYA	PHYSICAL THERAPY	\$3,843.00	\$0.00	\$3,843.00	\$0.00	Rejected
LBA	LABORATORY EXPENSE	\$36.00	\$0.00	\$36.00	\$0.00	Rejected
PYA	PHYSICAL THERAPY	\$6,355.00	\$0.00	\$6,355.00	\$0.00	Rejected
DOA	DOCTOR VISIT OUTPATIENT	\$81.00	\$0.00	\$0.00	\$81.51	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$0.00	\$136.58	Processed
HXR	HOSPITAL X-RAY	\$4,033.00	\$0.00	\$1,209.90	\$2,846.30	Processed
SIA	SURGERY	\$4,044.00	\$0.00	\$4,044.00	\$0.00	Rejected
ASA	ASSIST SURGEON	\$4,044.00	\$0.00	\$4,044.00	\$0.00	Rejected
DSC	NETWORK DISCOUNT	\$169.39	\$0.00	\$0.00	\$169.39	Processed
LBA	LABORATORY EXPENSE	\$27.00	\$0.00	\$27.00	\$0.00	Rejected
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$0.00	\$136.58	Processed
OAA	OUTPATIENT SURG	\$22,188.51	\$0.00	\$435.61	\$21,917.39	Processed
XYA	XRAY	\$71.00	\$0.00	\$0.00	\$71.30	Processed
ANA	ANESTHESIA	\$2,635.00	\$0.00	\$2,635.00	\$0.00	Rejected
PYA	PHYSICAL THERAPY	\$710.00	\$0.00	\$0.00	\$710.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$0.00	\$0.00	\$204.00	Processed
PYA	PHYSICAL THERAPY	\$825.00	\$0.00	\$0.00	\$825.00	Processed
XYA	XRAY	\$71.00	\$0.00	\$0.00	\$71.00	Processed
DMA	DOCTOR VISIT - EMERGENCY	\$756.00	\$676.74	\$676.74	\$79.26	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$0.00	\$136.00	\$0.00	Rejected
HEA	EMERGENCY ROOM	\$943.35	\$694.77	\$694.77	\$249.72	Processed
SIA	SURGERY	\$1,900.00	\$1,783.52	\$1,783.52	\$116.48	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$407.00	\$377.00	\$377.00	\$30.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$81.00	\$51.00	\$51.00	\$30.20	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$117.00	\$107.00	\$107.00	\$10.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$117.00	\$107.00	\$107.00	\$10.00	Processed
HEA	EMERGENCY ROOM	\$1,979.69	\$1,506.49	\$1,506.49	\$473.20	Processed
HEA	EMERGENCY ROOM	\$1,979.69	\$0.00	\$1,979.69	\$0.00	Rejected
DMA	DOCTOR VISIT - EMERGENCY	\$130.00	\$104.00	\$104.00	\$26.01	Processed
NC	NOT COVERED EXP	\$1,488.71	\$0.00	\$1,488.71	\$0.00	Rejected
DOA	DOCTOR VISIT OUTPATIENT	\$191.00	\$0.00	\$191.00	\$0.00	Rejected
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$0.00	\$0.00	\$204.40	Processed
XYA	XRAY	\$61.00	\$0.00	\$0.00	\$61.12	Processed

DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$164.00	\$164.00	\$40.00	Processed
XYA	XRAY	\$462.00	\$422.88	\$422.88	\$39.12	Processed
ANA	ANESTHESIA	\$2,170.00	\$2,037.00	\$2,037.00	\$133.00	Processed
ANA	ANESTHESIA	\$2,480.00	\$2,328.00	\$2,328.00	\$152.00	Processed
HIA	HOSPITAL INPATIENT	\$20,222.56	\$18,216.76	\$18,216.76	\$2,005.80	Processed
NC	NOT COVERED EXP	\$3,568.13	\$0.00	\$3,568.13	\$0.00	Rejected
DOA	DOCTOR VISIT OUTPATIENT	\$191.00	\$161.00	\$161.00	\$30.00	Processed
HEA	EMERGENCY ROOM	\$760.99	\$529.31	\$529.31	\$231.68	Processed
ABA	AMBULANCE	\$1,062.00	\$849.60	\$849.60	\$212.40	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$61.61	\$61.61	\$142.39	Processed
XYA	XRAY	\$61.00	\$20.44	\$20.44	\$40.56	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$111.31	\$111.31	\$24.69	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$21.00	\$21.00	\$183.00	Processed
XYA	XRAY	\$71.00	\$6.63	\$6.63	\$64.37	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$210.00	\$186.44	\$186.44	\$23.56	Processed
SIA	SURGERY	\$171.00	\$68.30	\$68.30	\$102.70	Processed
XYA	XRAY	\$116.00	\$107.53	\$107.53	\$8.47	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$167.40	\$167.40	\$36.60	Processed
SIA	SURGERY	\$200.00	\$183.25	\$183.25	\$16.75	Processed
MSA	MISC EXPENSE	\$15.36	\$13.96	\$13.96	\$1.40	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$61.61	\$61.61	\$142.39	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$144.00	\$144.00	\$60.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$81.00	\$41.00	\$41.00	\$40.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$96.00	\$96.00	\$40.00	Processed
OAA	OUTPATIENT SURG	\$24,819.20	\$24,519.20	\$24,519.20	\$300.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$96.00	\$96.00	\$40.00	Processed
ANA	ANESTHESIA	\$1,200.00	\$0.00	\$1,200.00	\$0.00	Pending
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$164.00	\$164.00	\$40.00	Processed
SIA	SURGERY	\$2,346.00	\$2,201.32	\$2,201.32	\$144.68	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$164.00	\$164.00	\$40.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$36.28	\$36.28	\$167.72	Processed
SIA	SURGERY	\$133.00	\$38.53	\$38.53	\$94.47	Processed
XYA	XRAY	\$61.00	\$17.92	\$17.92	\$43.08	Processed
MSA	MISC EXPENSE	\$64.00	\$49.52	\$49.52	\$14.48	Processed
XYA	XRAY	\$66.00	\$15.17	\$15.17	\$50.83	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$44.41	\$44.41	\$159.59	Processed
PYA	PHYSICAL THERAPY	\$5,461.00	\$0.00	\$5,461.00	\$0.00	Rejected
PYA	PHYSICAL THERAPY	\$4,009.00	\$0.00	\$4,009.00	\$0.00	Rejected
PYA	PHYSICAL THERAPY	\$5,666.00	\$0.00	\$5,666.00	\$0.00	Rejected
PYA	PHYSICAL THERAPY	\$4,703.00	\$0.00	\$4,703.00	\$0.00	Rejected
PYA	PHYSICAL THERAPY	\$1,303.00	\$0.00	\$1,303.00	\$0.00	Rejected
XYA	XRAY	\$61.00	\$7.34	\$7.34	\$53.66	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$136.00	\$101.00	\$101.00	\$35.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$154.00	\$154.00	\$50.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$191.00	\$171.00	\$171.00	\$20.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$117.00	\$97.00	\$97.00	\$20.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$204.00	\$154.00	\$154.00	\$50.00	Processed
DOA	DOCTOR VISIT OUTPATIENT	\$191.00	\$151.00	\$151.00	\$40.00	Processed
		\$215,684.14	\$101,091.58	\$162,258.28	\$53,623.97	

End 2015-16 - \$53,623.97

Benefit Maximum and deductibles

Accident Medical Expense Benefit

Maximum Benefit Amount Per Injury: \$25,000

Maximum Benefit Period: 104 weeks

Deductible – Zero

Accidental Death & Dismemberment

Maximum Accidental Death Benefit Amount - \$10,000

Maximum Accidental Dismemberment Benefit Amount - \$10,000

Prescription Drugs – Included

Dental Maximum – Included

Physiotherapy Maximum – Included